PLACE OF DEATH STATE OF MARY CERTIFICATE OF DEA stated EXACTLY, P properly classified. of certificate. Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME is stead of street and **2FULL NAME** numbar.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR BACE 5 SINGLE. 16 DATE OF DEATH MARRIED. lay be OR DIVORCED pin (Write the word) (Month) 2 I HEREBY CERTIFY, That Mattanded the decased from 6 DATE OF BIRTH + 0 ns so that (Month) (Day) O 7 AGE If LESS than and that death occurred on the data stated above, at I day hrs. The CAUSE OF DEATH \* was as follows: supplie in terms See ins mos. ds. or min.? RESERVE B OCCUPATION (a) Trade, profession or particular kind of work 0 pla nt. (b) General nature of industry business, or establishment in in (Duration) which employed or (employer) impor I MARGIN Contributory 9 BIRTHPLACE Secondary (State or country) 4 00 10 NAME OF FATHER 3 1 00 11 BIRTHPLACE (Address) S OF FATHER CAUST ENT \*State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ informa state ( 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-1 ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death (State or Country) PO Where was disease contracted, foul of if not at place of dea.h?... CIANS sho usual residence .. 19 PLACE OF BURIALOR REMOVAL DATE OF BURIAL 20 UNDERTAKER If more branks are needed, address Ltate Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

# REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to know (a) the kind of work and also (b) the engineer, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); EASE CAUSING DEATH (the primary affection with respect time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal diseases resulting from childbirth or miscarriage as er," etc., without more precise specification as Day "Purrental septicaemia," "Purrental peritonitis," etc. laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the laten. For violent pearties state means or intuitive taken. "Dability" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Ahanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease accident; Revolver wound of head-homicide; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid approved by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. (secondary Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY or intercurrent) cough; Committee on Nomenclature of the Chronic and consequences (e. g., sepsis ," "Coma," "Convulsions, etc. The contributory affection need valvular heart disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

PLACE OF DEATH CERTIFICATE OF classified. Registration Dist. No. EXACTL ..... Ward) (If death occurred in n hospital or instituproperly cla tion, give Its NAME instend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, it may be gon back of 3 SEX MARRIED, WIDOWED should (Month) OR DIVORCED (Write the word) BINDING That I attended the deceased from 6 DATE OF BIRTH ms so that instructions Ö (Month) (Year) (Day) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & wos as follows: OH I day .... hrs. mos.....ds. or ..... min. ? 0 teri 0 8 OCCUPATION 0 ESERVED t Seit (a) Trade, profession or particular kind of work. (b) General nature of industry Q, importan business, or establishment in .....(Duration) \_ which employed or (employer)..... Contributory / 9 BIRTHPLACE 2 Secondary (State or country) MARGIN ery 0 10 NAME OF < FATHER 9 0 (Address) a.c. A.a. WZ 11 BIRTHPLACE ENT \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. TION OF FATHER (State or country) œ at 12 MAIDEN NAME 4 0 4 OF MOTHER of OCCUP 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) IS BIRTHPLACE At place in the OF MOTHER of death .... yrs. .... mos. ... da. State, .....yrs......nios.....da (State or country) Where was disease contracted, if not at place of death?.... Every item CIANS shot Former or usual residence. DATE OF BURIA 19 PLACE OF BURIAL OR REMOVAL CE 26 UNDERTAKEK ABDRESS If more blanks are needed, address State Registrat, 16 W. Stratoga St., Balto,, Requesting V. S. No. 1.

# REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that had may be indicated thus: Farmer (re*grork*: or A Hence, and children, not gainfully employed as M school or At home. Care should be taken definite where may be entered as Housewife, House household only (not paid Housekeepers who receive a cu at home. laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner: (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Physician, Compositor, Wehiteet, Locomotive engineer. the first line will be sufficient. e. g., Furmer or Planter fulners of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yran). For persons who have no occupation state occur if a the inning of illness. If retired from or given up an account of the biseast causing beauti gaged in dome tir service for wages, as Screent, Cook to report specifically the occupations of persons en-(a) Foremen (b) Antomobile factory. Civil engines Statement of Occupation-Precise statement of ocapplied to each and every person, irrespective of For many occupations a single word or term on without more precise specification as Day who are engaged in the Sintionary formen, etc. If the occupation has been changed duties of the But The material (a)

Lobar pneumonia, Bronchopneumonia ("Pnenmonia," Typhoid fever (never report "Typhoid pneumonia") spinal maningitis"); Diphtheria (avoid use of "(roup"); ed term for the tame disease. Examples: Corbro pinal fever (the only definite synonym is "Bidemic cerebro" to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis

> Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia." "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," vulsions," symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meusles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; and qualify as accidental, suicidal, or homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under "Puerperal sopticuemia," "Puerperal peritonitis," "Dropsy." "Exhaustion." "Heart conditions. causing death). 29 ds.; Bronchopneumonia Examples: (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; of the injury, as fracture of skull, and conse-.. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.) such as "Asthenia," "Anaemia" Accidental drowning; Struck by railway (Recommendations on state-Example: Meastes (disease failure," "Hacmor (second (merely not be

the certificate is permanently filed. ions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

N. B.—WRITE PEAINLY, WIT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	02554
County 13 avv -	Registration Dist. No.
Village or City Oblus Mulls	Kittles Lane. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Cyma V. al	len
(a) Residence: No. Retters Lane	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCES (write the word)	21. DATE OF DEATH 2. 23 (Month) (Oey) (Year)
5a. It married, widowed, or divorced Roll allen  (or) WIFE-of-	22.   I HEREBY CERTIFY, Thet   attended deceased from
6. DATE OF BIRTH (month, day, and year)	1 isst saw h L alive on 3 22 1933 death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 2m.
74 1 22 1 day,firs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
9 Trade profession or particular	Date of onset
9. Industry or business in which work was done, as SILK MILL,	Commondy further make
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  year) occupation occupation	
12. BIRTHPLACE (city or town) Balta Md.	Other Contributory Causes of importance:
	Valmonty Hemothage
2 16 74	
(State or county)	What test confirmed diagnosis?
15. MAIDEN NAME Summe Lynch.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)= 3 also keeps	Accident, suicide, or homicide?Oate of injury
17. INFORMANT S - W - Ullum (Address) Pullum Lane -	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PK Oete 3/4/3319	Manner of injury
19. UNDERTAKER Swift Leiner King (Address) - 5 4 Leiner King (Address) - 5 4 Leiner King (Address)	24. Was disease of injury in any way related to occupation of deceased?  If so, specify
20. FILEO March 1923. A. M. Skeele Registrar.	(Signed) Anges Terration M. O.  (Address) Peraturation M. O.
If more blanks are needed, address State Registrar,	1411 N. Charles Seeet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	W. W. O. 1300	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUBBBB	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WI UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. of OCCUPA-MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	94-20 1/1
County Sala, Co.	Registration Dist. No. 49
Village or City Daldwin	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Samuel C, all	len
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  The sex of t	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Casa Lellon	22. 1 HEREBY CERTIFY That I attended deceased from naw (0 108)
6. DATE OF BIRTH (month, day, and year) Jose 16 = 1878	Hast saw been alive on man 10, 1933: death is said
7. AGE Yoars Months Days If LESS than	to have occurred on the date stated above, at 130.m.
55 / 24   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, France SAWYER ROLLWEFER AND A SPINNER,	O Carolinati
- SAITEN, BODINELI EN, Etc.	Janyma Viennis
The dustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	A
D. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Dibar Castributary Castri of impartment
12. BIRTHPLACE (city or town) (State or country)	Dther Contributary Canses of importance:
# 13. NAME S. Columbia allere	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Of Was Cal Was there an autopsy?
15. MAIDEN NAME awarda Corns	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME and Come  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT Ada allen (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Finends Com Frallelan Date Well 13, 1933	Nature of injury
19. UNDERTAKER Clarente E. allur (Address) To The And (	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 3/10 33/10/19/10/10/19/10/10/19/10/10/19/10/19/10/19/10/19/10/19/10/19/10/19/10/19/10/19/10/19/10/10/19	(Signed) / Williss / WHANNING. D. (Address) Baldson
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Les Alexander	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH item of infor-1. PLACE OF DEATH should Village or City Dan da PHYSICIANS CORD. Every Length of residence in city or town where death occurred statement 2. FULL NAME East (a) Residence: No. 3 (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 4. COLOR OR RACE PERMANENTE DIVORCED (write the word) classified. BINDING 5a. If married, widowed, or divorced HUSBAND of Comme HUSBAND of 6. DATE OF BIRTH (month, day, end year) certificate. properly If LESS than 7. AGE Years Months FOR 1 day, \_\_\_\_ hi 60 or\_\_\_\_min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ RESERVED be Jo 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. may instructions on back pluods 11. Total time (years)
spent in this
occupation 10. Date deceased lest worked at this occupation (month and that UNFADING MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER 13. NAME See 14. BIRTHFLACE (city or town) (State or country) MOTHER mation should be careful TION is very important. 15. MAIOEN NAME OF DEATH 16. BIRTHPLACE (city or town) (State or country (Address) -WRITE CAUSE 19. UNOERTAKER (Address) 20, FILED ... ż UVI Registras

<u> </u>			11	1
No. 34 Eastst  If death occurred in a horpital or institut  ss. ds How long in U.S. If o	tion, give its NA	on Dist. No.	St., f street and nu	
St., Ward.	16 manusia	lent give city o	as town and S	
MEDICAL C				
21. DATE OF DEATH	(Month)	// (Da)	)	193.3 (Year)
	, 1929, to mar ed above, at /4	Mar cl //4 35 A.m.	C. 1933 ;	eceased from 2, 1933 death is seid
were as follows:				Date of onset
Other Contributory Causes of impo				march 11 15 83
Name of operation		. X-Rayw		topsy? 240
23. If death was due to externel cat Accident, suicide, or homicide? Where did injury occur?	(Specify cit	Date of in	jury	, 19
Manner of injury				
24. Was disease or Injury in any was lift so, specify (Signed) (Address)	vay related to o	ecupation of d	eceased?	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker, "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact accupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	) (
1. PLACE OF DEATH	(31)	
County Baltimore	Registration Dist. No.	
Village a city Catonsull April	death occurred in a hospital or institution, eve its NAME instead of street and numb	Ward er)
	.23 ds. How long in U.S. if of foreign birth? yrs. mos.	ds.
2. FULL NAME Denjamin ard	in gen	
(a) Residence: No. Haget of whole)	St. 921 Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH  (Month)  29  (ay)	3 (Year)
5a. It married, widowed, or divorced HUSBAND of (or) WIFE ot  Light	22. I HEREBY CERTIFY. That I attended doces  See 5 1902 to Meh 29"	ased from
6. DATE OF BIRTH (month, day, and year) lenker oretr	Hast saw h- canalive on Duck 29 1953 : de	ath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9-2 m	
66 ? ? ! t dey,	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Laborator SAWYER BOOKKEPPER etc.		
SAWYER, BOUNNEEPER, etc.	Q1 21 9-10 -+ 1	0.0
work was done as SILK MILL	Chy Inter Rephreties !	Tr.
10. Date deceesed lest worked at 11. Total time (yeers)		
year) spent in this cocupation (month end with) spent in this cocupation Link	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Hagestown	7	
(Stete or country)	deminal Demantia	yes.
13. NAME John ardinger		
14. BIRTHPLACE (city or town)	Neme of operation Oata ot	
(State of country)	Whet test confirmed diegnosis? Wes there en autop	sy?
15. MAIDEN NAME Mary Smith.	23. It death was dua to externel causes (VIOL ENCE) fill in also the tollowing:	
6 t6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Jesse Adinger (Dro) (Address Williamsport Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Missing May Date	Natura of injury	CHANGE.
19. UNDERTAKER all Stypett	24. Was disease or Injury in any wey related to occupetion of deceesed?	0
(Address) Calonagelle	If so, specify	A1 D
20. FILEO 3/20 , 1933 3 Atllyllpin	(Signed) (Address) Catonardle on	P. M. D.
If more blanks are model address State Penistran	CALLY N. Chayler Street Relationary Requestion 71 S. No. v.	Ohan - ^

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

A NO DE WHITE OR A R A W	after 180 at 180 March					
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSICIA	N

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH item of pluods Registration Dist. No. St.,\_ \_Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) yrs. 2 mos. 18 ds. How long in U.S. if of foreign birth? PHYSICIANS Length of residence in city or town where death occurred RECORD. (a) Residence: No. / (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Year) ssified. Sa. If married, widowed, or divorced HUSBAND of 22. ERTIFY. That I attended deceased from BINDI (or) WIFE of (4) certificate. Days If LESS than 7. AGE Months proper to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance min. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED may back 9. Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Totel time (yeers) spent in this this occupation (month and that occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) ARGIN (State or country) supplied FATHER 13. NAME 14. BIRTHPLACE (city or town ain (State or country) What test confirmed diagnosis? carefully Was there an autopsy?. MOTHER important. 15. MAIDEN NAME 23. If death was due to external ceuses (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury DEATH 16. BIRTHPLACE (city or town) (Stete or country Where did injury occur?. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE. CAUSE , 19 0. mation · Nature of injury LION 24. Wes disease or injury in any way releted to occupation of deceased? (Address) 1 If so, specify 20. FILED. Registrar. (Address) If more blanks are State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1031	Run over by street car	1 week ago	
Cerebral hemorrhage	18.7	10075-1927	Regilentis	3 days ago	
	1933	OT HAM			
Other contributory causes of imp	ortance:		Other contributory causes of importance:		
Gallstones	* *	May 1, 10,23	Mastroenteritis	1 year	
		plant de			

AD	DITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----	----------	-----------	---------	------------	----	-----------

BINDING

FOR

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be, carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WIT

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	93-0 (2560)			
County Bultumare	Registration Dist. No. 40			
Village or City Slew arm of f	No. N. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred Augustian mos.				
2. FULL NAME Philips Bell				
(a) Residence: No. See aru	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)			
50. If married, widowed, or divorced HUSBAND of (or) WIFE of The Late Elina Bell	22. OHEREBY CERTIFY, That I attended decaased from			
6. DATE OF BIRTH (month, day, and year) May 30-1840	I last saw h. Aur alive on Let 18 death is said			
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 3. A.m.			
92 9 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Ellegeartial Decampougation 14 an			
SAMYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this pocupation (month and specific property).				
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation - 11. Total time (years)				
12. BIRTHPLACE (city or town). Noth Carolina (Stata or country)	Other Contributory Causes of importance: - Chilered Aplerance & Hypertension letter			
13. NAME COVERT BLEE				
13. NAME  14. BIRTHPLACE (city or town)  16. City or country  17. City or country  18. Dirthplace (city or town)	Name of operation			
(State of Country)	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME Faral E. Beaver	23. If daath was dua to external causes (VIOLENCE) fill in also the following:			
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?			
(State or country)	Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT ducinda 070000 (Address) Glewaru Cut	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place MX. Gran Forgett Data Mul 12, 1953	Manner of injury			
19. UNDERTAKER Clauser & Aller (Address)	24. Was disease or injury in any way related to occupation of deceased?			
20. FILED 3/10 3 Mills Mannes Registrar.	(Signed) Justin Guller M. D.  (Address) Jourson M. D.			
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH					
1. PLACE OF DEATH	(23)				
County Baltimore	Registration Dist. No. 3 8				
Village or City	WSON, MD, St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)				
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth? 30 yrs mos ds.				
2. FULL NAME Merbert Lewis Bet	lli -				
(a) Residence: No. 622 York Road	St., Ward. Towson, Md,				
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH				
PERSONAL AND STATISTICAL PARTICULARS					
Male 2 hite S. Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March  (Month)  (Oay)  (Year)				
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mary E. Belli	1 HEREBY CERTIFY, That I attended deceased from February 11 19 33 to March 7 19 33				
6. DATE OF BIRTH (month, day, and year) September 10, 1886	Hast sew ham elive on march 7, 1933; deeth is said				
6. DATE OF BIRTH (month, day, and year) September 10, 1000 7. AGE Yeers Months Oeys If LESS than	to have occurred on the date stated above, at. P.15 A.m.				
46 5 25 1 day, hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of Importance				
8. Trede, profession, or particular kind of work done, as SPINNER, Waiter SAWYER, BOOKKEEPER, etc.	Pulmonay Tubuloses October				
9. Industry or business in which work was done, as SILK MILL.					
SAW MILL, BANK, etc.  10. Dete decessed lest worked et this occupation through and 1931  11. Total time (yeers) spant in this year)  year)  Occupation 3					
0 + 0.	Other Contributary Causes of importence:				
12. BIRTHPLACE (city or town) (State or country)					
13. NAME LIVES Belli					
4 14. BIRTHPLACE (city or town)	Neme of operation				
(State of country)	What test confirmed diagnosis?				
II IS. MAIDEN NAME	23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:				
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?				
Hospital RecordsPersonal History	Where did injury occur? (Specify city or town, county and State)				
17. INFORMANT LUDOWOOD SANATORIUM, TOWSON, MD.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury				
Place Holy Redeemer Date 3 - 9 , 1933	Nature of Injury				
19. UNDERTAKER GEORGE Ruth Inc. (Address) 1737 Rulling Are	24. Wes disease or injury in eny way related to occupation of deceesed? NO				
20. FILED Helanch 7, 1933 HT P. Bulle. Registrar.	(Signed) M.D. (Ardress) Eudowood San, Towson, Md.				
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.					

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may he returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Manager of	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BEREAU V. S. I			20		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		1.0 C 1.0 C			

JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 02502
100 Jo	Village or City Sinica Park Beach Mid	Registration Dist. No. 44  St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
statement	Length of residence in city or lown where death occurred yrs mos  2. FULL NAME JOHN J. Bennet  (a) Residence: No. 16168. Olsham St.  (Usual place of abode)	ds. How long in U.S. if of foreign birth? yrs mos ds.  St., Ward.  If nonresident give city or town and State
Total Total	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIND, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Bay)  (Year)
lassifie	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Wary S. Bennett	22. I HEREBY CERTIFY. That I attended deceased from 19.32, to Nach 16.19.3-3
y c	6. DATE OF BIRTH (month, day, and year) Warch 5, 1862	I last saw him. alive on Meh 14 ,19.33; death is sald
properly certificate.	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 3.30 June
proj	6 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causos of importance were as follows:
be of c	8. Trade, profession, or particular kind of work done, as SPINNER, Produce SAWYER, BOOKKEEPER, etc	Hat Carried 1000
may l	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)	Jame - armonia 1732
t it on	this occupation (month and spent in this	
erms, so that instructions	12. BIRTHPLACE (city or lown) Baltimal	Other Coatributory Causes of importance: Exceptations of the lower
erms, instru	(State or country)  13. NAME GEO. Ce Bennett	Ille Treated by Rodium +
	Ŧ.	hald in 1424
ain t	14. BIRTHPLACE (city or town) Batto.	What test confirmed diagnosis? Was there an autopsy? 240.
-	15. MAIOEN NAME Mary Bowers.	What test confirmed diagnosis?
TH in	0 16. BIRTHPLACE (city or town) Baltimal	Accident, suicide, or homicide?
SE OF DEATH in p	17. INFORMANT May S. Bennett  (Address) Seneca Park middle Rive	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeeme Date Mar. 20, 1983	Manner of injury
CAUSE TION is	19. UNOERTAKER John A. Munam (Address) 3000 C. Balton	24. Was disease or injury In any way related to occupation of deceased?
	20. FILED meh ( So., 19 3 & John G. Connelly Registral	(Signed) Frank U. Glant M.D. (Address) 3244 Eastern Kling.
}	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1 week ago 1921 Run over by street car Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 ucar

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Jos authority to Change date of with see correspondence

m, Judentake

3/3/33

AGE should be stated EXACTLY. PHYSICIANS should state item of inforof OCCUPA. IS A PERMANENT RECORD. Every Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. UNFADING INK-THIS B.—WRITE PLAINLY, WI UNFADI mation should be carefully supplied.

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	920		
County Dallmary	Registration Dist. No.		
Village or City Plandalstown	No. St., Ward		
	If death occurred in a hospital or institution, give its NAME instead of street and number)		
9/ 3/	osds. How long in U.S. if of foreign birIh?		
2. FULL NAME JY January Stum	L		
(a) Residence: No. aug strug Stone (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of China  Blunce	2 I HEREBY CERTIFY, That I attended deceased Irom		
(oi) wire oi colored / colored	Jan 1: 33 ,1923, 10/March 19, 1933		
6. DATE OF BIRTH (month, day, and year) Dic. 22, 1861	I last saw h. Mu alive on		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & m.		
7/ 2 28 1 day, hrs	water collows of DEATH and related causes of importance		
8 Trade arplaceing or particular	Theral aquopulation Date of onset		
8. Industry or business in which	1930		
work was done, as SILK MILL, SAW MILL, BANK, etc			
- 16 seespation (month one spont in this			
year) ogcupation ogcupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or Iown) Cadenbelle	gatheret bellevors nukun		
(State or equity)			
13. NAME Coutad Sleefel  14. BIRTHPLACE (city or town)			
4. BIRTHPLACE (city or town)	Name of operation		
(State pr country)	Whal lest confirmed diegnosis? Was there an autopsy?		
15. MAIOEN NAME  16. BIRTHPLACE (city of town)	23. tI death was due to external causes (VIOLENCE) fill In also the following:		
[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19		
(State or country)	Where did Injury occur? (Specify city or town, county and State)		
17. INFORMANT AL Syle Carle and	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR SEMBYAL	Manner ol injury		
Place Summanuel Oate Mal -221, 1923	Nature ol injury		
19. UNDERTAKER Louis Telmany of Low.	24. Was disease or injury In any way related to occupation of deceased?		
20, FILED 2/ 1933 M. h. Buffers	(Signed) Alow Herman M. O.		
Registrar.	(Address) Jou 2 Veras on Held		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

N. B.

1. PLACE OF DEATH	(92.0)
County Baltin	Registration Dist. No. 37
Village or City VIM Grad Dectas	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence is city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrs mos. ds.
2. FULL NAME Francis W. 6 Dono	A
(a) Residence: No. Cockeyeville P.	St., Ward.
/(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
head OR DIVORCED (wrighthe word)	March 2-2 193 3
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of Europe Damberk	22. THEREBY CERTIFY, That I attended deceased from
(6), 11112 (1)	1 10 1933 to Mar. 22 1933
6. DATE OF BIRTH (month, day, and year) Leh 3-1849	I last saw h_ alive on Mar. 18, 1933; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
84 1 19 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, protession, or particular kind of work done, as SPINNER Care taken	Chomed Ludocerolchy
SAWYER, BOOKKEEPER, etc.	+ Dilatation of Haar
kind of work done, as SPINNER are takey SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc. Value 11. Total tima (yets)	
this occupation (month and 1926 spent in this 12 47	
Balleta	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	ays.
13. NAME James Boul.	V
E // 1	
(Stata or country)	Name of operation Date of
# 15. MAIDEN NAME Clipabell Saupsau.	What test confirmed diagnosis? Was there an autopsy?
E Control of the cont	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Josep ( Clear (State or country)	Where did injury occur?
mis Clarones Suesti	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Berbenville Wel.	open, whome many occurred in thousand, in nome, or in robert reade.
18. BURIAL CREMATION OR REMOVAS	Manner of injury
Pland Dive Ball Gall Mar Mar 24, 19 33	Nature of injury
Parel Hartaustous	24. Was disease or injury in any way related to occupation of deceased? hu
(Address) Mount of a grant Par	If so, specify
20. FILED March 27, 1933 BR. Berson Dr	(Signed) (19.17 Dursey M.D.
20. FILED March 22, 1933 10 1. Villou of Registrar.	(Address) Texpas 1 Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onsel of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

FOR BINDING

MARGIN RESERVED

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02505		
D-2-1-1	37/		
Village or City Mt. Nilson	Registration Dist. No.  No. The process Sanatorium St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
/ vinage of city 1000 1115011	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred	O ds. How long in U.S. If of foreign birth? yrsmos ds.		
2. FULL NAME John E. Bopp			
(a) Residence: No. 502 Dunkirk Road (Usual place of abode)	St., Ward. Anneslie, Balto. Co., 1.d. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH March 27th (Month) (Dev) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Bopp	22. I HEREBY CERTIFY. That I attended deceased from November 27th, 1932, to Marca 27th, 1933.		
6. DATE OF BIRTH (month, day, and year) January 19th, 1903 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 12.42P m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8 Trade profession or postinular	were as follows:		
kind of work done, as SPINNER, Machinist  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, B. & C. Railroad SAW MILL, BANK, etc.  10. Oato deceased last worked at this occupation (month, and spent in this	Pulmonary Tugerculosis Jan. 1932		
tz. BIRTHPLACE (city or town) Baltimore (State or country) Sarvland	Other Custributary Causes of importance:		
	110116		
13. NAME John J. Bopp  14. BIRTHPLACE (city or town) Baltimore (State or country) har vland	Name of operation NO Operation Date of What lest confirmed diagnosis? X-ray, and was there an autopsy? NO		
	what lest confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) Unknown (State or country) Canada	Accident, suicide, or homicide?		
17. INFORMANT Jours A: Achuer Aoly (Address) It. 11801, Maryland	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL / Date 3-30, 1932	Manner of injury		
19. UNDERTAKERLANDER (Address) 53057 January	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED Weh 27, 1933 To Eliches. Registrar.	(Signed) 10 M. D. (Address)t 1150n,d.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work-done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as Semployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

P		4	
1	ę	ċ	
ě	2		
c	ı	ż	
,			

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	100 - 03906
County Baltures	Registration Dist. No
Village or City Word Line	No. St., Ward
Length of residence in city or town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs, mos, ds.
2. FULL NAME BERRY RATTE	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22_ I HEREBY CERT-FY. That I attended deceased from
(or) WIFE of	mar 15 ,1933, to Mar 21, 1933
6. DATE OF BIRTH (month, day, end year)	I last saw her alive on mar 2/ ,193 Adeath is said
7. AGE Years Months Deys If LESS than I day,hrs.	to have occurred on the dete steted above, at 6m.
5 70 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPPER, etc.	9
9. Industry or business in which	actan premiorie Ma?
work was done, as SILK MILL. SAW MILL, BANK, etc	
Shalletti till?	
(111 :11	Other Coutributory Causes of importance:
tz, BIRTHPLACE (city or town).	Of the annual in
13. NAME/Celleague H Burn	Causes mona
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME KULL SLOWS	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT MA, 2 haffman	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR KEMDVAL	1
Place St Marip Thouse Sopo Jun 2.3. 1933.	- Nature of injury
LC VIIX & COM	
19. UNDERTAKER Thatles A tente (Addiess) 3 × 18 & hashing aws.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
3/22/ 33 M. h. Bulley	(Signed) Land & Marchan M. D.
20. FILED 19	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

should

0

PHYSICIAN

assified

properly

may back

that

should

supplied. plain terms,

carefully

should be

-WRITE

8

certificate.

on

instructions

See

important.

S CAUSE mation

LION

(Address)

EATH

very

OF

Manner of injury Nature of injury 24. Was disease or follow in any way related to occupation of deceased?. If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Luly5,1927	Peritonitis	3 days ago
Other contributory causes of importance!		Other contributory causes of importance:	
Gallstones to sph	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos - ds. How long in U.S. if of foreign birth? vrs. mos ds. PHYSICIAN 2. FULL NAME O RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED. DIVORCED (sente the word) PERMANENT (Month) ssified. 5a. If married, with HUSBIAND of CERTIFY. That I attended daceased from (or) WIFE of H certificate. 6. DATE OF BIRTH (month, day, and year) 7 AGE Years If LESS than to have occurred on the date stated above, at 44.5 properl I day. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. Date of phaset 8. Trade, profession, or particular UPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back 9. Industry or business in which work was done, as STLK MILL, may SAW MILL BANK etc .... Total time (yaars)
spent in this
oscupation 10. Date deceased last worked at this occupation (month and instructions Other Contributory Causes of importance ARGIN 12. BIRTHPLACE (city or town) (Stale or country) supplied FATHER (Stata or country) What test confirmed diagnosis? \_\_\_ Was there an aulopsy? MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: important Accident, suicide, or homicide? \_\_\_\_\_ Date of injury 16. BIRTHPLACE (city or town (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE (Address) Manner of injury AUSE mation Nature of injury MOIL 24. Was disease or injury in any way related to occupation of declased? It so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work doye.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example L		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis V.	3 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WI UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be gerefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING

V. S. No. 1

1	. PLACE OF DEATH	45
	County Dallinore	Registration Dist. No.
	Village or coellicast city	No. St.,
	Length of residence in city of town where death occurred 35rs	death occurred in a hospital or institution, give its NAME, instead of street and number)
1.	1/11/11/11	
2	FULL NAME SUGGESTION TO	Juneman
	(a) Residence: Np. William (Usual place of abode)	, St., Ward.  Il nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Jarrie the word)	21. DATE OF DEATH Mau. 30 193
5a.	If merried, widowed, or divorced	(Month) (Dey) (Ye
	HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceesed
	A CA TOTAL	Sept 17 1928.10 March 30,19
-	DATE OF BIRTH (month, day, and year)	I last saw h_ u_ alive on Murr 13 .19 33 : deeth
7. A	Months Days If LESS than I day, hrs.	to have occurred on the dete steled above, et
-	0 1 0 or min.	were es follows:
TION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lalloung. English	Carcinoma of tool of month Mar
AT	9. Industry or business in which work was done, es Stik MILL.	
CUPA	SAW MILL, BANK, etc	
0	10, Date deceased last worked at this occupetion (month end) spent in this	
	year) occupetion	Other Coutributory Causes of importance:
12.	BIRTHPLACE (city or town) If any large	
E S	13. NAME Terhait Burns	
FATH	14. BIRTHPLACE (city or town)	Name of operation. Dete of
正	(State or country)	Whet test confirmed diagnosis? bid?? 1 Wes there an autopsy?
ER	15. MAIDE WAMEL wheth Nartway	23. If death was due to external causes (VIOL ENCE) fill In also the following:
ОТНЕ	16. BIRTHPLACE (city of town)	Accident, suicide, or homicide? Date of Injury, 19
Σ	(State or countly)	Where did injury occur?
17.	INFORMANT, 35 Bessie Dumoman	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
-	(Address) Ellicaticity	
18.	BURIAL, CREMATION, OF REMOVAL	Manner of injury
	Place July Date July Date July 19 D.	Nature of injury
19.	UNDERTAKER Caston South	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Elicate later pur	If so, specify
20.	FILED War. 1., 1953 All Guyresc	(Signed) Zamhe Kety
1	Registrar.	(Address) . 14/8. 2 at 40 Place 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Bull in ore

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
of importance were as follows:  Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURKAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCKPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK .- THIS IS A PERMANENT RECORD. Every item of infor-TARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH /	(M-E) 02570	
County Baltimore	Registration Dist, No. 3	
Village or City Reisterstown md.	No. St., Wa	ard
Length of residence in city or town where death occurred 3 8 vrs mas	death occurred in a hospital or institution, give its NAME instead of street and number)	
000 11 011 (	) L.	ds.
2. FULL NAME Mrs Hanna Ellin C	westingham.	
(a) Residence: No. 4 62 Thus time time, on an	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female White (Marite the food)	mch 12 1933	
5a. II married, widowed, or divorced	(Month) (Day) (Year)	
(or) WIFE of Trachel Bucking ham	22.   HEREBY CERTIFY. That I attended decoased Ir	ont
01: 0201042		33
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	I last saw harmalive on Health is si	aid
CATION IN THE I I day, hrs.	to have occurred on the date stated above, at	
8 Trade profession or particular	were as follows:	et
SAWYER, BOOKKEEPER, etc.	aboyles and Course Course	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	for Just go	
SAW MILL, BANK, etc		
this occupation (month and 5 400 portion to the social part in this occupation)		
Right	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town)  (State or country)		
13. NAME & athan Con-Baras.	terrements of the contract of	
13. NAME halhan Conamay.	Name of a continu	-
(State or country)	Name of operation Date of Was thore an autopsy?	
E 15. MAIDEN NAME Lina Randal.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Howard County	Accident, suicide, or homicide?	
(State or country)	Where did injury occur?	
17. INFORMANT Pierce Buckingham	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Riestera trum myd.		
18. BURIAL, CREMATION, OR REMOVAL  Place Druid Ridge Date March 15, 1933	Manner of injury	
Place Date / Date / Joseph 1933	Nature of injury	
19. UNDERTAKER To Berry man + Sine	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Rusline torn mg.	It so, specify	
20. FILED hash (3, 1933 ) + Inc bland	(Signed) M. M.	. D.
Registrar.  If more blanks are needed, address State Revieway.	(Address) Loss Loss Court Land	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Name at Van		All the second s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02571
County Ballimin	Registration Dist. No.
Village or City Manhalon	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of fureign birth?yrsmosds.
(a) Residence: No. Characters (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrightha word)	21. DATE OF DEATH Man 2 193 33.
54) If marriad, widowad, or divorced HU3BANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) May 2 1933	, 19, to, 19, 19, 19, 19, death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 9.19m.
Stell Birm 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Gate of onset
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  O. Oate dacaasad lest workad at this occupation (month end year) year)  Occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Tremative Bull
# 13. NAME ISEO W Busler	
13. NAME See W Busles 14. BIRTHPLACE (city or town)	Name of operation Oate of
(Stata or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME Scalolers 16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Ms Busler (Addrass)	Where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Placa Confirme Data March 3, 1933	Natura of injury
19. UNDERTAKER A C Brooks (Address)	24. Was diseasa or injury in any way ralated to occupation of deceasad?
20. FILEO Mart 3, 19 3 3 B Beauf	(Signed) B OS OSenson M. D.
	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year -

1. PLACE OF DEATH	95-6
/ County / Sallew one,	Registration Dist. No.
Village or City Halelle rope Md	No. Sylpher Spaces 91 Walf Rd St., Ward (If death occurred in a hospital or philipion, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME John Francio	
C. C. C. C. C. C.	of St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write ford)  Male white OR DIVORCED (write ford)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed or divorced .	
(or) WIFE of ) of hea Campion	22. I HEREBY CERTIFY, That I attended daceased from
1 th 101	
6. OATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h. M. alive on
11 6 91 Iday,hi	
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Clearly	Stypen trop new and
9 Industry or business in which	Extanged Nearly
SAW MILL, BANK, etc.	
O 10. Oate deceased last worked at this occupation (month and year) spant in this occupation occupation.	lon
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) / selayo	
13. NAME John Campion	
14. BIRTHPLACE (city or town)	Name of operation. Oate of
(State or country) Freeard	What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNESTOWN	23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury19
(State or country) Freland	Where did injury occur?
17. INFORMANT MAS ophia Campion	(Specify city or town, county and State)  Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL D 1 4 1935	Manner of injury
Place Holy 6,000 Brothespare 3-1-193	3
the the state	
19. UNDERTAKER (Address) Unit to talk unsite	24. Was disease or injury in any way related to occupation of decaased?.
all both constraints	(Signed) LUM Levelello M.D.
20. FILED That 1 1933 In Mary Registrar.	(Address) 335/8,314 33
If more blanks are needed, address State Registre	at, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

42500

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

should be called a salesman and not a clerk.

8.—The trade, profession, or particular kind of work done.

9,-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. In stating the occupation, avoid the use of such indefinite terms as "employee,"

11.—The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store." "factory." State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Find

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilensy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

date of burial:	DDITIONAL SPACE FOR FU Letter filed 4-17-33	URTHER STATEMENTS BY UNDER FRANK J. CO. N	PHYSICIAN Portician.

1. PLACE OF DEATH	OF MARYLAND—	-CERTIFICATE OF DEATH
County Balling		Registration Dist. No. 30
Village or City Calour		No. 24 Ments St. War
	(1	If death occurred in a hospital or institution, give its NAME instead of street and number)
7		sds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME NO	ane C	Mely
(a) Residence: No. 24 Lu	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Cold	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month, day, and year)	unich 5- 1933	I last saw h live on, 19 death is sa
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	mar as follows: Or DEATH and related causes of importance
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Stell Bons
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	-
this occupation (month and year)	spent in this	
12. BIRTHPLACE (city or town) Calay	isville	Other Coutributory Causes of importance:
(State or country)	nd.	- dust in Ultrus
H 13. NAME Herbert	Carey	
14. BIRTHPLACE (city or town) (State or country)	<i>A</i>	Name of operation Date of
15. MAIDEN NAME	Meuliton	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME NAME	1	Accident, suicide, or homicide? Date of injury19
(State or country)	Øl .	Where did injury occur?
17. INFORMANT Merley (Address) Calcus (Address)	Corey Tuol	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	3/	Manner of injury
Place District	Oate 2/, 19_33	Nature of injury
19. UNOERTAKER Healent Cler (Address) Colombile	J rul	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILEO 3/6 , 1933 4	Candreas Registrar.	(Signed) July Wookledge M.  (Address) 203 w Solwydd St

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL STACE FOR FURTHER STATEMENTS DI FILISICI	FIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICAL	CL	Α	١	Ì	Ì	1	Į	1	1	Ì	į	١	A	A	1	1	į	į		ĺ	ŧ	ŧ	Ĭ	Ĭ	I	ĺ	ĺ	Ĭ	Ĭ	Ĭ	3	B	d	J	J	J	ı	J	J	J	B	B	J	3	J	3	7	Ĩ		Ü	į	I	J	1	7	S	6	-	7	ľ	١	٦	1	i	I	a	P	Ē	1	1	)	P	I	1	]				ľ	Y	3		3	3	I	)	,	S	16	Γ	7	1	4	ľ		3	Œ	I.	М	n:	E	u	Т	٧.	Α	1	Г	y	S	- 5	R	Œ	Ή	T	R	IJ	U	ι	וי	F	F		3	I		)	C	(	1	F	F		3	F	3	C	1
J	J	J	Į	1	IA	1/	1/	Ĺ	Ĺ,	Ĺ,	Ĺ,	į	į	Į			J	J	Į	į	į	j	J	J	J	]	]	]	J	J	J	J	J	J	]	]	J	J	J		į	)	C	C	C	C	C	$\mathbf{IC}$	IC	IC	SIC	$\mathbf{SIC}$	SIC	SIC	ISIC	ISIC	YSIC	YSIC	YSIC	YSIC	IYSIC	IYSIC	HYSIC	HYSIC	HYSIC	HYSIC	'HYSIC	PHYSIC	Y PHYSIC	Y PHYSIC	Y PHYSIC	BY PHYSIC	BY PHYSIC	BY PHYSIC	BY PHYSIC	S BY PHYSIC	S BY PHYSIC	rs by physic	TS BY PHYSIC	TS BY PHYSIC	NTS BY PHYSIC	NTS BY PHYSIC	NTS BY PHYSIC	ENTS BY PHYSIC	ENTS BY PHYSIC	ENTS BY PHYSIC	MENTS BY PHYSIC	MENTS BY PHYSIC	EMENTS BY PHYSIC	EMENTS BY PHYSIC	TEMENTS BY PHYSIC	TEMENTS BY PHYSIC	ATEMENTS BY PHYSIC	ATEMENTS BY PHYSIC	CATEMENTS BY PHYSIC	TATEMENTS BY PHYSIC	STATEMENTS BY PHYSIC	STATEMENTS BY PHYSIC	R STATEMENTS BY PHYSIC	ER STATEMENTS BY PHYSIC	HER STATEMENTS BY PHYSIC	THER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	JRTHER STATEMENTS BY PHYSIC	URTHER STATEMENTS BY PHYSIC	URTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	OR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	E FOR FURTHER STATEMENTS BY PHYSIC	CE FOR FURTHER STATEMENTS BY PHYSIC	CE FOR FURTHER STATEMENTS BY PHYSIC																		
J	J	J	Į	1	IA	1/	1/	Ĺ	Ĺ,	Ĺ,	Ĺ,	į	į	Į			J	J	Į	į	į	j	J	J	J	]	]	]	J	J	J	J	J	J	]	]	J	J	J		į	,	C	С	C	C	C	$\mathbf{IC}$	IC	IC	SIC	$\mathbf{SIC}$	SIC	SIC	ISIC	ISIC	YSIC	YSIC	YSIC	YSIC	IYSIC	IYSIC	HYSIC	HYSIC	HYSIC	HYSIC	'HYSIC	PHYSIC	Y PHYSIC	Y PHYSIC	Y PHYSIC	BY PHYSIC	BY PHYSIC	BY PHYSIC	BY PHYSIC	S BY PHYSIC	S BY PHYSIC	rs by physic	TS BY PHYSIC	TS BY PHYSIC	NTS BY PHYSIC	NTS BY PHYSIC	NTS BY PHYSIC	ENTS BY PHYSIC	ENTS BY PHYSIC	ENTS BY PHYSIC	MENTS BY PHYSIC	MENTS BY PHYSIC	EMENTS BY PHYSIC	EMENTS BY PHYSIC	TEMENTS BY PHYSIC	TEMENTS BY PHYSIC	ATEMENTS BY PHYSIC	ATEMENTS BY PHYSIC	CATEMENTS BY PHYSIC	TATEMENTS BY PHYSIC	STATEMENTS BY PHYSIC	STATEMENTS BY PHYSIC	R STATEMENTS BY PHYSIC	ER STATEMENTS BY PHYSIC	HER STATEMENTS BY PHYSIC	THER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	JRTHER STATEMENTS BY PHYSIC	URTHER STATEMENTS BY PHYSIC	URTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	OR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	E FOR FURTHER STATEMENTS BY PHYSIC	CE FOR FURTHER STATEMENTS BY PHYSIC	CE FOR FURTHER STATEMENTS BY PHYSIC																		
g,	J	J	Į	1	IA	1/	1/	Ĺ	Ĺ,	Ĺ,	Ĺ,	į	į	Į			J	J	Į	į	į	j	J	J	J	]	]	]	J	J	J	J	J	J	]	]	J	J	J		į	Ì	C	C	C	C	C	$\mathbf{IC}$	IC	IC	SIC	$\mathbf{SIC}$	SIC	SIC	ISIC	ISIC	YSIC	YSIC	YSIC	YSIC	IYSIC	IYSIC	HYSIC	HYSIC	HYSIC	HYSIC	'HYSIC	PHYSIC	Y PHYSIC	Y PHYSIC	Y PHYSIC	BY PHYSIC	BY PHYSIC	BY PHYSIC	BY PHYSIC	S BY PHYSIC	S BY PHYSIC	rs by physic	TS BY PHYSIC	TS BY PHYSIC	NTS BY PHYSIC	NTS BY PHYSIC	NTS BY PHYSIC	ENTS BY PHYSIC	ENTS BY PHYSIC	ENTS BY PHYSIC	MENTS BY PHYSIC	MENTS BY PHYSIC	EMENTS BY PHYSIC	EMENTS BY PHYSIC	TEMENTS BY PHYSIC	TEMENTS BY PHYSIC	ATEMENTS BY PHYSIC	ATEMENTS BY PHYSIC	CATEMENTS BY PHYSIC	TATEMENTS BY PHYSIC	STATEMENTS BY PHYSIC	STATEMENTS BY PHYSIC	R STATEMENTS BY PHYSIC	ER STATEMENTS BY PHYSIC	HER STATEMENTS BY PHYSIC	THER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	JRTHER STATEMENTS BY PHYSIC	URTHER STATEMENTS BY PHYSIC	URTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	OR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	E FOR FURTHER STATEMENTS BY PHYSIC	CE FOR FURTHER STATEMENTS BY PHYSIC	CE FOR FURTHER STATEMENTS BY PHYSIC																		
O.	J	J	į	IA	1/	1/	£,	Ĺ,	Ĺ.	Ĺ,	į	į	į	J	J							ļ	J	]	J	J	]	]	]	]	]	]	J	J	J	J	]	J			į	C	C	C	C	C	$\mathbf{IC}$	IC	IC	SIC	$\mathbf{SIC}$	SIC	SIC	ISIC	YSIC	YSIC	YSIC	YSIC	YSIC	IYSIC	IYSIC	HYSIC	HYSIC	HYSIC	HYSIC	HYSIC	PHYSIC	Y PHYSIC	Y PHYSIC	Y PHYSIC	BY PHYSIC	BY PHYSIC	BY PHYSIC	BY PHYSIC	S BY PHYSIC	S BY PHYSIC	rs by physic	TS BY PHYSIC	TS BY PHYSIC	NTS BY PHYSIC	NTS BY PHYSIC	NTS BY PHYSIC	ENTS BY PHYSIC	ENTS BY PHYSIC	ENTS BY PHYSIC	MENTS BY PHYSIC	MENTS BY PHYSIC	EMENTS BY PHYSIC	EMENTS BY PHYSIC	TEMENTS BY PHYSIC	TEMENTS BY PHYSIC	ATEMENTS BY PHYSIC	ATEMENTS BY PHYSIC	CATEMENTS BY PHYSIC	TATEMENTS BY PHYSIC	STATEMENTS BY PHYSIC	STATEMENTS BY PHYSIC	R STATEMENTS BY PHYSIC	ER STATEMENTS BY PHYSIC	HER STATEMENTS BY PHYSIC	THER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	JRTHER STATEMENTS BY PHYSIC	URTHER STATEMENTS BY PHYSIC	URTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	OR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	E FOR FURTHER STATEMENTS BY PHYSIC	CE FOR FURTHER STATEMENTS BY PHYSIC	CE FOR FURTHER STATEMENTS BY PHYSIC																			
ž.	),	),	J	IA	$\mathbf{I}_{A}$	L	I.	Ī.	I	I	Ĭ	J	]	]	į	į	j	ļ	ļ				l	ĺ	į		į	į	į	į	į	į	ĺ	ĺ	į	l	į	,	Ì		C	C	C	C	C	IC	IC	IC	SIC	$\mathbf{SIC}$	SIC	SIC	ISIC	YSIC	YSIC	YSIC	YSIC	YSIC	IYSIC	IYSIC	HYSIC	HYSIC	HYSIC	HYSIC	PHYSIC	Y PHYSIC	Y PHYSIC	Y PHYSIC	BY PHYSIC	BY PHYSIC	BY PHYSIC	BY PHYSIC	S BY PHYSIC	S BY PHYSIC	rs by physic	TS BY PHYSIC	TS BY PHYSIC	NTS BY PHYSIC	NTS BY PHYSIC	NTS BY PHYSIC	ENTS BY PHYSIC	ENTS BY PHYSIC	ENTS BY PHYSIC	MENTS BY PHYSIC	MENTS BY PHYSIC	EMENTS BY PHYSIC	EMENTS BY PHYSIC	TEMENTS BY PHYSIC	TEMENTS BY PHYSIC	ATEMENTS BY PHYSIC	ATEMENTS BY PHYSIC	CATEMENTS BY PHYSIC	TATEMENTS BY PHYSIC	STATEMENTS BY PHYSIC	STATEMENTS BY PHYSIC	R STATEMENTS BY PHYSIC	ER STATEMENTS BY PHYSIC	HER STATEMENTS BY PHYSIC	THER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	JRTHER STATEMENTS BY PHYSIC	URTHER STATEMENTS BY PHYSIC	URTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	OR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	E FOR FURTHER STATEMENTS BY PHYSIC	CE FOR FURTHER STATEMENTS BY PHYSIC	CE FOR FURTHER STATEMENTS BY PHYSIC																					
Ì	)	)	]	IA	I	1/	L	I.	I	I	I	I	]	]	]	1	1	J	]	]		l																	3	Ì	ĺ	C	(	(	(	1	IC	IC	IC	SIC	SIC	SIC	SIC	ISIC	rsic	YSIC	YSIC	YSIC	YSIC	IYSIC	IYSIC	HYSIC	HYSIC	HYSIC	HYSIC	PHYSIC	Y PHYSIC	Y PHYSIC	Y PHYSIC	BY PHYSIC	BY PHYSIC	BY PHYSIC	BY PHYSIC	S BY PHYSIC	S BY PHYSIC	rs by physic	TS BY PHYSIC	TS BY PHYSIC	NTS BY PHYSIC	NTS BY PHYSIC	NTS BY PHYSIC	ENTS BY PHYSIC	ENTS BY PHYSIC	ENTS BY PHYSIC	MENTS BY PHYSIC	MENTS BY PHYSIC	EMENTS BY PHYSIC	EMENTS BY PHYSIC	TEMENTS BY PHYSIC	TEMENTS BY PHYSIC	ATEMENTS BY PHYSIC	ATEMENTS BY PHYSIC	CATEMENTS BY PHYSIC	TATEMENTS BY PHYSIC	STATEMENTS BY PHYSIC	STATEMENTS BY PHYSIC	R STATEMENTS BY PHYSIC	ER STATEMENTS BY PHYSIC	HER STATEMENTS BY PHYSIC	THER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	RTHER STATEMENTS BY PHYSIC	JRTHER STATEMENTS BY PHYSIC	URTHER STATEMENTS BY PHYSIC	URTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	OR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSIC	E FOR FURTHER STATEMENTS BY PHYSIC	CE FOR FURTHER STATEMENTS BY PHYSIC	CE FOR FURTHER STATEMENTS BY PHYSIC																				
4	(	(		CIA				II.	II.	II.	H	H				]	]		IJ	IJ	3	3	7	3	J	3	3	3	3	3	3	3	3	J	J	3	3	3	į		į	ĺ	ļ	į	į	į	I	I	1	SI	SI	SI	SI	ISI	YSI	YSI	YSI	YSI	YSI	IYSI	IYSI	HYSI	HYSI	HYSI	HYSI	PHYSI	Y PHYSI	Y PHYSI	Y PHYSI	BY PHYSI	BY PHYSI	BY PHYSI	BY PHYSI	S BY PHYSI	S BY PHYSI	rs by physic	TS BY PHYSI	TS BY PHYSI	NTS BY PHYSI	NTS BY PHYSI	NTS BY PHYSI	ENTS BY PHYSI	ENTS BY PHYSI	ENTS BY PHYSI	MENTS BY PHYSI	MENTS BY PHYSI	EMENTS BY PHYSI	EMENTS BY PHYSI	TEMENTS BY PHYSI	TEMENTS BY PHYSI	ATEMENTS BY PHYSI	ATEMENTS BY PHYSIC	CATEMENTS BY PHYSIC	TATEMENTS BY PHYSI	STATEMENTS BY PHYSI	STATEMENTS BY PHYSIC	R STATEMENTS BY PHYSI	ER STATEMENTS BY PHYSIC	HER STATEMENTS BY PHYSI	THER STATEMENTS BY PHYSICAL	RTHER STATEMENTS BY PHYSI	RTHER STATEMENTS BY PHYSIC	JRTHER STATEMENTS BY PHYSI	URTHER STATEMENTS BY PHYSI	URTHER STATEMENTS BY PHYSI	FURTHER STATEMENTS BY PHYSI	FURTHER STATEMENTS BY PHYSIC	FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSIC	R FURTHER STATEMENTS BY PHYSI	R FURTHER STATEMENTS BY PHYSIC	OR FURTHER STATEMENTS BY PHYSIC	OR FURTHER STATEMENTS BY PHYSIC	OR FURTHER STATEMENTS BY PHYSI	OR FURTHER STATEMENTS BY PHYSIC	OR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSI	FOR FURTHER STATEMENTS BY PHYSIC	FOR FURTHER STATEMENTS BY PHYSICAL	E FOR FURTHER STATEMENTS BY PHYSI	CE FOR FURTHER STATEMENTS BY PHYSICAL	CE FOR FURTHER STATEMENTS BY PHYSI																
Ŋ,	(	(	CH	CIA	CL		CI.	CI.	CI.	CI	CI	CH									J.		C	Ĵ		C							Ĵ	Ĵ		C		ĵ	į		¢	ł		ı	į	I	1	iI	SI	SI	SI	SI	ISI	YSI	YSI	YSI	YSI	YSI	IYSI	IYSI	HYSI	HYSI	HYSI	HYSI	PHYSI	Y PHYSI	Y PHYSI	BY PHYSI	BY PHYSI	BY PHYSI	BY PHYSI	S BY PHYSI	S BY PHYSI	rs by physi	TS BY PHYSI	TS BY PHYSI	NTS BY PHYSI	NTS BY PHYSI	NTS BY PHYSI	ENTS BY PHYSI	ENTS BY PHYSI	ENTS BY PHYSI	MENTS BY PHYSI	MENTS BY PHYSI	EMENTS BY PHYSI	EMENTS BY PHYSI	TEMENTS BY PHYSI	TEMENTS BY PHYSI	ATEMENTS BY PHYSI	ATEMENTS BY PHYSI	CATEMENTS BY PHYSI	TATEMENTS BY PHYSI	STATEMENTS BY PHYSI	STATEMENTS BY PHYSI	R STATEMENTS BY PHYSI	ER STATEMENTS BY PHYSI	HER STATEMENTS BY PHYSI	THER STATEMENTS BY PHYSI	RTHER STATEMENTS BY PHYSI	RTHER STATEMENTS BY PHYSI	JRTHER STATEMENTS BY PHYSI	URTHER STATEMENTS BY PHYSI	URTHER STATEMENTS BY PHYSI	FURTHER STATEMENTS BY PHYSI	FURTHER STATEMENTS BY PHYSI	FURTHER STATEMENTS BY PHYSI	R FURTHER STATEMENTS BY PHYSI	R FURTHER STATEMENTS BY PHYSI	R FURTHER STATEMENTS BY PHYSI	OR FURTHER STATEMENTS BY PHYSI	DR FURTHER STATEMENTS BY PHYSI	OR FURTHER STATEMENTS BY PHYSI	OR FURTHER STATEMENTS BY PHYSI	OR FURTHER STATEMENTS BY PHYSI	FOR FURTHER STATEMENTS BY PHYSI	FOR FURTHER STATEMENTS BY PHYSI	FOR FURTHER STATEMENTS BY PHYSI	E FOR FURTHER STATEMENTS BY PHYSI	CE FOR FURTHER STATEMENTS BY PHYSI	CE FOR FURTHER STATEMENTS BY PHYSI																		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1, PLACE OF DEATH	
County Ballo	Registration Dist. No. 3 3
Village or City Baing	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Sallie a 6 of	
(a) Residence: No. Boring	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (nurite the world) OR DIVORCED (nurite the world)	21. DATE OF DEATH Thele 26 193 5
5e. If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from ,19 ,to ,19
6. DATE OF BIRTH (month, day, and year) 5 6- 11 1847	l last saw h elive on
7. AGE. Yeers Months Days If LESS then	to have occurred on the dete stated above, at
86 / 9 laday, hrs. or niin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:  Date of onset
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	1912 00 Rest generally
9. Industry or business in which work was done, as SILK MILL, House wife	Cardio Faración
O   WILL, DAIR, GL.	hersewater
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) & alto Co	Other Contributory Causes of importence:
(State or country)	
13. NAME John 6 of	
2 14. BIRTHPULLE (city or town). 10 Mis 63	Name of operation
(State or country)	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Ibilha Grice	23. If death wes due to external ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) D allo G o	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
17. INFORMANT My B. It. Bring (Address) Baring Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Pure Hudge. Date Mar. 22, 1933	Manner of Injury
19. UNDERTAKER Of the line of Sono	24. Was disease or injury In any way related to occupetion of deceased?  If so, specify
20. FILED Frida 21, 19.33 V/ 111 Stands	(Signed) M. M. D.  (Address) Crash Lawre M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street ear  July 5,1927 Peritonitis  Other contributory causes of importance:

	CERTIFICATE OF DEATH 02575
1. PLACE OF DEATH	940
County David	Registration Dist. No.
Village or City Jas Mas	_No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Calmin Betsel Cross	mell
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
B. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. , I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and lear) march 18-187/	fast saw h. — alive on — — 19 death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 2 m.
62 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINIER 2 SAWYER, BOOKKEEPER, etc. 2	angiano Pectrus
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dato deceased last worked at 3 - 17 - 83 11. Total time years) spent in this year) 10. Dato deceased last worked at 3 - 17 - 83 spent in this year)	
z. BIRTHPLACE (city or town) Baltiming Sind (State or country)	Other Contributory Causes of importance:
13. NAME andrew & Commell	
14. BIRTHPLACE (city or town) Salt City (State or country)	Name of operation.  What test confirmed diagnosis?  Was there an autopsy?
15. MALDINENANDE BITAIL	
16. BIRTH VACE (city or town) Bultum Ind	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  19
INFORMANT Durothy Crompall (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in thoustry, in Home, or in Public Place.
B. BURIAL, CREMATION, OR REMOVAL  Prace Frider Park  Date 3-20  1933	Manner of Injury
9 UNDERTAKER Geo. 1 Comith (Address) 1532 Holling St Balls.	24. Was disease or Injury in any way releted to occupation of deceased?
0. FILED Mar 18, 1933 There is Registrar.	(Signed) A. M. Shumpether M. D.  (Address) Llasky Ind
Kegnirar.	(1001033)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		log/19	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

PLACE OF DEATH	
County Baltimore 6.	93-0
Village or City Jourson (No. 4	14 Penna
PERSONAL AND STATISTICAL PARTICULARS	MED
3 SEX   4 COLOR OR RACE  5 SINGLE,	IS DATE OF DEA
Temale colored MARRIED, WIDOWED OR DIVORCED (Write the word)	
6 DATE OF BIRTH	17 I HEREB
10 96- 000	2-2:
(Month) (Day) (Year)	that I last saw h
T AGE If LESS than	and that death oc
3 \$ 3 \$ yrs. 1 \$ mos. 13 ds or min. ?	The CAUSE OF D
OCCUPATION (in Trade, profession or particular kind of work) (b) General nature of industry business, or establishment in which employed or (employer)	_
9 BIRTHPLACE (State or country) afret (s. Ind	Contributory Secondary
10 NAME OF FATHER MANION CUITES	(Signed) 7
11 BIRTHPLACE OF FATHER (State or country) alvest 6. ms	*State the Violent Causes Accidental, Sui
of Mother Man Hein	18 LENGTH OF 1
18 BIRTHPLACE OF MOTHER (State or country) livers to . For	At place of death yrs.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease co if not at place of death
(Informant) Alm Curto	Former or usual residence
(Addess) 4/4 Permalel Down	19 PLACE OF BU
Filed Mich 10 1933 Mu f. Buller	20 UNDERTAKEH
Deh Registrar	po. deo.

02576 STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration	Dist. No.	38
Penne asst.	Ward)	a hospital	occurred in or institu- ts NAME in- street and
MEDICAL C	CERTIFICATE	OF DEATH	1
DATE OF DEATH	(Month)	(Day)	, 1933
2-1			
t I last saw heral	ive on 3 -6		109.3.
that death occurred or			
CAUSE OF DEATH :	was as follows:		
Contributory Old			
ned) Jany	(Duration)	Jes.	M. D.
-9 1933. (A.	ddress 1 4.24. S. C.	ucilla. Y	2. Retts he
*State the Disease Violent Causes, state ( Accidental, Suicidal or	1) Means of luju	or, in dea	) whether

		RESIDENCE		
lents, or I	tecen	t Residents)		

At place	In the
of deathyrs mos da.	State,yra mos de
Where was disease contracted, if not at place of death?	

ormer or sual residence.

PLACE OF BURIAL OR REMOVAL

DATE OF RURIAL

UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton milt, (a) Salesman, (b) Grucery, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health business, that fact may be in licated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING BEATH, gaged in domestic service for wages, as Servant. Cook, to report specifically the occ pations of persons enployed, as At \*chool or At home. Care should be taken definite salary), may be entered as Housewife, House. en at home, who are engaged laborer. Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The muterial should be used only when needed. a litional line is provided for the latter statement; it acture of the business or industry, and therefore an Civil engineer, Stationary faremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor tion applies to each and every person, irrespective of fulners of various pursuits can be known. The ques-Whatever, write None. ::-ed & yrs.). Houserwaid, etc. household only (not paid Houseksepers who receive a Statement of Occupation Precise statement of oc For many occupations a single word or term on or At Home, and children, not guinfully emwithout more precise specification as For persons who have no occupation If the occupation has been changed in the duties of the As examples: (a)

watement of Cause of Death Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

unqualified, is indefinite); Tuderculosis of lungs, mendiseases resulting from childbirth or miscarriage as "Dropsy." "Exhausflon." "Heart fallure." "Haemor-rhage." "Inanition." "Marasmus," "Old Age." "Shock." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Amaemia" ary). 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumoniu stated unless important. Example: Menstes use of "Tumor" for malignant neoplasms); head of "contributory." (Recommendations on state quences (e. g., sepsis tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such. If impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under "Purrenal septicuemia.""Puereral peritonitis." can be ascertained as the cause. Chronic interstitiul nephritis, etc. ...... (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on Poisoned by curbolic acid-probably suicide. The na train-accident; Revolver wound of head-homicide; Examples: taken. For VIOLENT DEATHS STATE MEANS OF INJURI "Uraemia," "Weakness." etc., when a definite disease vulsious," (secondary or intercurrent) affection need Nomenclature of the American Medical Association.) Whooping cough; "Debility" ("Congenital," "Senile." etc.), Accidental drowning; Struck by railway Chronic valvular heart disease; Always qualify all The contributory "Соша." "Haemor Meastes; (merely (disease (secondnot be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise its mem of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make the entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	DECEMED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	VBB 3 1033	July 5, 1927	Peritonitis	3 days ago	
	RUPRAU V S.				
Other contributory ca			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

7 4 7	-	STATE O	F MARYLAND	-CERTIFICATE OF DEATH	5 78
info sta UP		1. PLACE OF DEATH	en ,	93-6)	- 0 0
F 1		County Ballimore	a Righton	Registration Dist. No.	0
tem of should		Village or City le alons	ville	NoSt.,	Ward
L so	1	Length of residence in city or town where de	eath occurred	(If death occurred in a hospital or institution, give its NAME instead of street and numbers. I find the street and numbers. How long in U.S. if of foreign birth? yrsmos	
Ever. CIAN temen	1	2. FULL NAME Jamue	Diclerk	of f.	
D. I SIC tate		(a) Residence: No. 23 Redge	Rd Catonal	& St. Ward.	
~ > ×	-		(Usual)place of abode)	If nonresident give city or town and S	tale
ECO]	_	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
YT R. LY.	3	Lemale Unite	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	21. DATE OF DEATH March (Gay)	193 J .
ANE ANE ACT	5	a. If married, widowed, or divorced HUSBAND of	7		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DI IAN		(or) WIFE of		22. HEREBY CERTIFY, That I attended do	ceased from
BIND) FERMA EXA y class		DATE OF BURTH / TOTAL ASSESSMENT	nky mion	Hast saw half alive on Wall 14, 1933	death is seld
B PE I F	-	AGE Years Months	Days If LESS tha	- / 4-D	003(11 13 3010
OR A atec	tife	90	1 day,	The PRINCIPAL AUSE OF DEATH end related causes of importance	
FO IS state pro	cer	8. Trede, profession, or perticular		Serve Illy rear title	Oate of opset
OS HIS	Jo 0	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	None		1-01-0
RVEITHI ould be may be	back of	9. Industry or business in which work was done, as SILK MILL,			
ER K		SAW MILL, BANK, etc	11 Tatal time (years)		
		10. Date deceased last worked et this occupation (month end year)	11. Total time (years) spent In this occupation		
RE AGE that	instructions	Jour Jour Jour Jour Jour Jour Jour Jour	Cosupation	Other Contributory Causes of importance:	115x
Zi os	Leti	(State or country)	er lend	CHILIMA Sawigawa	700
MARGIN UNFADI supplied.	nstru		Die Bond III		
	to the	July Control	acremos of	- 11	
	See	(State or country)	In to to	Name of operation Date of What test confirmed diagnosis ANDRA Was there an au	Th
	t.	15. MAIDEN NAME Hamman	Bridgeday	23. If death was due to external causes (VIOLENCE) fill In also the following:	topsy! _ v_ gz .
rref in	important.	16 BIDTIIDI ACE (-lav es Asura)	i an ingresione	Accident, suicide, or homicide? Date of Injury	19
	por		relasid	Where did Injury occur?	
		T INCOMMANT		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
	very	(Address) 23 Redge Roc	ed batous vill		
F=3 100	× 1	8. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
on SE	7	Place Hagerstours Mis	Date Murch S. 19	Nature of injury	
-WRIT mation CAUSE	TION	19. UNDERTAKER F. Vermon SC	ochner	24. Was disease or Injury in any way related to occupation of deceased?	10
0	H.	(Address) 15.3 & Holling	11/1	If so, specify	27
wi m		20, FILEO 3/ 19. A	3/ luc	(Signed)	_M. D
s z	1	117 35	Registrar	(Address) / A MANAGER	X
		If more	lanks are needed, address State Regis	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

St.,	Ward,  ff nonresident give city or town and State	
	MEDICAL CERTIFICATE OF DEATH	
21. DATE	OF DEATH  March 11th, (Day) (Year (Year)	3
to have occurred the PRINCI were as followers.	HEREBY CERTIFY. That attended deceased 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	sald
	butory Causes of importance:  New York of importance:  100 100 100 100 100 100 100 100 100 10	12
Name of ope	ration	
Accident, so	as due to external causes (VIOLENCE) fill in also the following: icide, or homicida?, 19 ijury occur?(Specify city or town, county and State) ther injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
Manner of i	juryjury	
24. Was dise If so, speci	C/ IANheredon	M. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
	111 (191,1020)	Mast verticallo	1 year

ż

>

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	02581
County Ballo	Registration Dist. No. 3/
	No. Semurates Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of dreign birth? yrs mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward. Philadelphia Po.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVOSCED (write the word)  Sund	21. DATE OF DEATH May. (Bay) 1993 (Year)
5a. If married, widowed, or divorced MUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	man 1 1933, to marle 1933
6. DATE OF BIRTH (month, day, and year)	Hast saw harmalive on market 1930; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 Pm.
73 2 10 1 day,	The PRINCIPAL CAUSE OF DEATH and retated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Industry or business in which work-was done, as SILK MILL SAW MILL, BANK, etc.  10. Date deceased last work-was this occupation (month and year)  11. Total time (years) spent in this occupation.	Date of onest  Date of onest  3/1/33
12. BIRTHPLACE (city or town) Lettentenny Ireland (State or country)	Other Contributory Causes of importance:
	Compy yours
E P	
14. BIRTHPLACE (city or town)  (State or country)	Name of operation
15. MAIDEN NAME Tryper A	What test confirmed diagnosis? Was there an autopsy?
E trelad.	23. If death was due to externat causes /' LENCE) fill in also the following:
16. BIRTHPLACE (city or town).  (State or, country)	Accident, suicide, or homicide?
17. INFORMANT to seph. Doughenty Sylvaniane no.	(Specify city or town, county and State) Specify whether injury occus INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place AVGOSSTOCK Date Mar 13, 1933	Nature of injury
19. UNDERTAKER 3. Harle (Address) Baltinore Md	24. Was disease or injury in any way retated to occupation of deceased?
20. FILED 3. 1. () ., 1933 H. t. Shyly Registrar.	(Signed) Attry 7 Shiply M. D. (Address) Avoiltock Inf
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilensu Arteriosclerosis 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Peritonitis. Cerebral hemorrhage July 5,1927 3 days ago WINDS MINTER Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

B

# 89080

# HEALTH DEPARTMENT-CITY OF BALTIMORE

2522

	TE OF DEATH
1. PLACE OF DEATH County	Registered No.
CITY OF BALTIMORE, (No. 622 Othing)	(If death occurred in a hospital or Institution give its NAME instead of street and number.)
Length of residence in city or town where death occurredyrs	mosds. How long in U. S. If of foreign birth?yrsmosds
2. FULL NAME	anix)
(a) Residence: No. (Usual place of nbode)	Ward.  (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) Turks 3 1, 1933
males white The raced	22. I HEREBY CERTIFY, That I attended deceased from
Sa. If married, widowed, or divorced	1027, to Mach 31, 193.
(or) WIFE of Athen in A med	I last saw hamoalive on hamoala 50, 19.23. Death is sale
6. DATE OF BIRTH (month, day, year) AR 1 14 1855	to have occurred on the date stated above, at 10.12 Am.
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of Importance were as follows:
7 1 1 day,hrs.	Coronary thrombours ( 193)
S Trade profession or partimiar	auguis Pectois.
kind of work done, as spinner, Galle, Moskey  9. Industry or business in which	guadijet arte is pelso:
9. Industry or business in which work was done, as silk neili,	( turner
work was done, as silk mili, saw mill, bank, etc.  10 Date deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	_
13. NAME DANCE	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME le he cea Miller	lowing: Accident, suicide, or homicide?Date of injury
16. BIRTHPLACE (city or town)	Where did Injury occur?
17/1/2	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in publi
17. INFORMANT MAS WELL	place
(Address) & 2 2 0 Thington	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL	Nature of injury.
Place Asia Asia Date Date 19.	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased
(Address) (13/8 Light 11-	If so, specify
20. FILEDO O The six ske King.	(Signed), M. D
The state of the s	(Address)

4/25/33

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 220 should Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U.S. if of foreign birth? Length of residence in city or fown where death occurred statement SICIAL eliam Ward If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 4 COLOR OR RACE OR DIVORCED (write the word) 193 3 (Month) (Day) (Year) 5a. If married, widowed or divorced HUSBAND of Jalu. M. HEREBY CERTIEN. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly If LESS than to have occurred on the date stated above, at 7. AGE Years 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows Date of onset 8. Trade, profession, or particular NO kind of work done as SPINNER. SAWYER, BODKKEEPER, etc .... may back PA Industry or business in which should work was done, as SILK MILL. occui SAW MILL, BANK, etc ..... 11. Total time (years) 1D. Date deceased last worked at this eccupation (month and spent in this occupation \_\_\_ Other Contributory Causes of importance 12. BIRTHPLACE (city or fown (State or country) ATHER 13. NAME See 14. BIRTHPLACE (city or town 1 (State or country) What fest confirmed diagnosis? E 15. MAIDEN NAME Ш 23. If death was due to external causes (VIDL ENCE) fill in also the following: I 01 Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. 16. BIRTHPLACE (city of flown DEAT (State or country) Where did Injury occur?... (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. should OF 18. BURIAL CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury NOIL 24. Was disease or injury in any way related to occupation of deceased? (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epitepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA. item of infor-PHYSICIANS Stated EXACTLY, PHYSICIANS PERMANENT RECORD. Every BINDING certificate. FOR UNFADING INK-THIS be Jo RESERVED be should See instructions on back CAUSE OF DEATH in plain terms, so that it may AGE MARGIN supplied. mation should be carefully -WRITE

V. S. No. 1

1. PLACE OF DEATH	
County & allingure	Registration Dist. No.
Village or City Plus teration	No
74	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. il of foreign birth? yrs mos ds.
2. FULL NAME Lenge Chiran Due	Ker.
(a) Residence: No. 13 Main IV. Russers him (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced  HUSBAND of (or) WIFE of Mary & Ducker	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 25, 1853.	I last saw h aliva on. 2 2 1955 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at (236 A.m.
79. 5 O. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	) wash to
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chron Country 1 4 conson Starry 22-13
kind of work done, as SPINNER, SAMYER, BOOKKEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town). Resolution land	Other Coutributory Causes of importance:
(State or country) M. g.	
13. NAME Henry Harrard Ducker 14. BIRTHPLACE (city for town) Reis trud trun	
14. BIRTHPLACE (city or town) Reisturd trung	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME and the about Devila  16. BIRTHPLACE (city or town) Elactering	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
16, BIRTHPLACE (city or town)   Clare   State or country)   Mild.	Where did injury occur?
17. INFORMANT Mary heal. (Address) Reisters frum mf.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL to Date March 27,1933	Manner of injury
19. UNDERTAKER THE Burning man & Suns (Address) Reis ters trung mg.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED 72-12-29, 19.30 3 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Signed) Attached M.D.  (Address) Latella N. da +4

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who liad no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		R V HASSIE	
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFIC	ATE OF DEATH
1. PLACE OF DEATH	(115.6) 21
County Baltimore	Registration Dist. No.
Village or City Woodlawn No. Ulhina	loor mill Road St., Ward
	pital or institution, give its NAME instead of street and number) g in U.S. if of foreign birth?dsds.
2. FULL NAME Charles O. M. Euler	
(a) Residence: No. Uhinder mill Road Wood Was	rd.
(Usual place of abode)	If nonresident give city or lown and State
	DICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  White Learning The word)	(Month) (Dey) (Yeer)
5a. If married, widowed or divorced HUSBAND of (or) THE Security Euler 22. HE	REBY CERTIFY, Thet I attended deceased from
6 DATE OF RIRTH (month day and year) Or to 21 1883   last saw h issue.	alive on 1933; death is said
of British (month, adj, one jour)	he date stated chove, at 2.3 A.m.
49 4 7 I day, hrs. The PRINCIPAL CAU	ISE OF DEATH and related ceuses of Importance
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years) this occupation (more d	Sachseanie and
9. Industry or business in which work was done, as SILK MILL,	T. 1-27
SAW MILL, BANK, etc.	1933
10. Date deceased last worked at this occupation (month and year) spent in this year)	
Other Contributory Co	auses of importance:
12. BIRTHPLACE (city or town) CONTROL	of games and
	Bysn Res
E (1) 10	7 ~ 0
	Date of
a ED. Jel 111	diegnosis? Was there an eutopsy?
25. If death was due to	external causes (VIOLENCE) fill in also the following: homicide?19
16. BIRTHPLACE (city or town)  (State or country)  Accident, suicide, or h  Where did injury occu	
7. 30 · OCA	(Specify city or town, county and State) y occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) (Address)	, decented in the count, in home, of in robeto reads.
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Mo Ce Suy at Office 19.32 Nature of Injury Nature of Injury	
19. UNDERTAKER COSCALA SALLES 24. Was disease or inju	ury in any way related to occupation of deceased?
(Address) 600 W Wwith June If so, specify	2
20 FILED 2/1/ 19 33 N-N./ Suffer (Signed)	Dolina It macket M. D.
Registrar, (Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	IRTHER :	STATEMENTS	BY	PHYSICIAN
-------------------------	----------	------------	----	-----------

ż

1. PLACE OF DEATH

# STATE OF MARYLAND-CERTIFICATE OF DEATH

8473	-20			Dipe	
11500	-23	- 2			
02	4		0	3	

		The state of the s		(40)	
	1/	County Baltimore		Registration Dist, No. 3	
1	Village or City Mt. Wilson			Mt. Wilson Braich, Mi. No.Tuperculosis Sanatoriumst.	Ward
/	(II			death occurred in a hospital or institution, give its NAME instead of street and no	umber)
		Length of residence in city or town where deeth or	coursedSc_yrsOmos	s. 23ds. How long in U.S. if of foreign birth? 9 yrs. ? mos	s. ds.
	1 2	2. FULL NAME Sather Fet	inglass		
		(a) Residence: No. 2042 Orle	ans Street Usualplace of abode)	St., Ward. 321timore, id., If nonresident give city or town and S	State
		PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH  March 13th  (Month) (Day)	193 3 . (Year)	
	5a.	If married, widowed, or divorced HUSBAND of		(month) (DBy)	(Tear)
		(or) WIFE of Single		22. I HEREBY CERTIFY, That I attended d	
			2000	June 13th, 1930 to Marca 15th	
		DATE OF BIRTH (month, day, end year) ADT1		Hast sew her alive on Harch 13th, 1933	death is said
	1.	AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Q. & D.Am.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
	-		1.4 ormin.	were es follows:	Date of onset
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWORK		la amo nie		
			AD CHOTY	Pulmonary tuberculosis	1924
	UP	Work was done, as SILK MILL, at	home.		
	10. Dato deceased lest worked et this occupation (month and year)  11. Total time (years) spent in this occupetion		11. Totel time (years) spent in this occupetion		
				Other Contributory Causes of importance:	
	12.	(State or country) Russia		Toxic Myocarditis	Inlenou
	œ	13. NAME Isadore Rushop		TOXIC MYOCATUIDIS	Jn'tnov
	FATHER	-			
	FA	14. BIRTHPLACE (city or town) UNKNOWN (State or country) Russia		Neme of operation 31-19 Cral Date of I	13.t 19.
	ER	15. MAIDEN NAME Rose Barnbat	1 m	What lest confirmed diagnosis? 1 - 1 2 / Was there an au	
1	THE C	TT3	A-111	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:	
	3	16. BIRTHPLACE (city or town) UNKNOWN (State or country) Russia		Accident, suicide, or homicide?	, 19
1		7.00.0		Where did injury occur? (Specify city or town, county and State)	)
3	17. INFORMANT AUG K: MULLINGS (Address)t. 11 SOn haryland.  18. BURIAL, CREMATION, OR REMOVAL  Place LULLU LEM Date 3 14-33, 19		uerholy.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	DE.
			7 = 1.5 ==	Manner of injury	
			5 14-33,19	Nature of injury	
		UNDERTAKER VIIII Jeurs	my	24. Was diseese or injury in any way splated to occupation of deceased?	0
	(9.	(Address) 437 Colone	to for	If so, specify	V
	20	1 3 13 13 13 1 8 Y	7 000	(Signed) John C. Smith	/ M. D.
	20.	FILED 2 1 2 , 1922 1 0 6 1	Registrar.	(Address nount Wilson M	d.
	Street, or other Designation of the last o				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS	BY	PHYSICIAN
----------------------------------	----------	----	-----------

1 PLACE OF DEATH STATE OF MARYLAND W 0 EXACTLY, PHYSICIAN sified. Exact statement CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) a hospital or institution. give its NAME instead ot street and number. I ORD properly classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE stated MARRIED. PERMANENT WIDOWED (Month) (Day) OR DIVORCEO (Write the word) certificate HEREBY CERTIFY, That I attended deceased from B DATE OF BLATH Z should alive on 0 pe (Month) (Day) If LESS than TAGE may - O and that death occurred on the date stated ш 1 day. hrs. back O The CAUSE OF DEATH \* was as follows: OR min. ? Q + mos. so that OCCUPATION supplied ō a) Trade, profession, or ons particular kind of work (b) General nature of Industry terms, instructi business, or establishment in 0 fully which emplayed (or employer) 9 BIRTHPLACE (State or country) nia Ш in plai 10 NAME OF important THE U 11 BIRTHPLACE ENTE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT d DE Causes, state (1) Means of Injury; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME 4 Œ L. C 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS 13 BIRTHPLACE At place In The S OF MOTHER State, y s. yes. mos. ds. (State or country) Everyitem of Inshould state CAN Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER 0 Z If more blanks are needed, address State Registrar, 16 W Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial cuployments, it is necessary to engineer, Stationary fireman, etc. But cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line applies to each and every person, irrespective of age. For many occupations a single word or term on the -C'oal mine, etc. Statement of Occupation-Precise statement of occupabile factory. The material worked on may form part the second statement. Never return "Laborer," is very important, so that the relative healthfulof various pursuits can be known. The question For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer, Locomotive engineer, in many cases, If retired from (b) Auto-1942.)

Statement of Cause of Death—Name, first, the DISMASE EAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchopmenonia ("Pneumonia," meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated genital," "Senile," etc.), "Drepay, genital," "Senile," etc.), "Drepay, "Inunition," "Maras-"Heart failure," "He emorrhage," "Inunition," "Weakness," mus," "Old Age," "Shock," "Uracreja," "Weakness," mus," "Old Age," "Shock," "Uracreja," "Weakness," the head-homicide; Struck by roilway train-accident; Revolver SUICIDAL, or HOMICIDAL. or as probably such, if impossible state MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from child-birth or misearringe as "Puerreenal septichaemia," etc., when a definite disease can be ascertained as the to determine definitely. Examples: Accidental drowning: surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," lapse, symptoms or terminal conditions, such as "Asthenia chopneumonia (secondary), 10 ds. "Anaemia" (increly symptomatic), Example: Measles (disease causing death), 29 ds.; Broncough; Chronic nabular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping rent) affection need not be stated unless nephrilis, etc. "Coma," The nature of the injury, as fracture of skull, The contributory (secondary or interenr-Poisoned by carbolic acid-probably "Convulsions," etc. State cause for which "Dehility" ("Con-Never report niere ACCIDENTAL, important. nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. state OCCUPA

should

S

statement PHYSICIAN

classified

certificate properl

back may

on

instructions

See

important.

1

stated

should

be Je

so that

plain terms,

DE

OF

CAUSE mation

LION

Ž	NE
BINDIN	A DEPMAN
FOR	TCA
VED	Trure
KESEKVED ]	MINI
Z Z	CEADING
MAKGIN	TINE
4	WT
	6

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) wal morried (Day) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, ---- hrs. .... min. were as follows: Date of enset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 1D. Dato deceased last worked at 11. Total time (years) this occupation (month end spent in this year) aluch. occupation ... Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_ OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury \_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury \_\_\_ Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) ... Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH pluods Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? Length of residence in city or town where death occurred RECORD. (a) Residence: Np. / 4 (Usual place of shode If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5 SINGLE MARRIED WIDOWED 21. DATE OF DEATH 1933 (Month) (Yeer) 5a. If married, widowed, or divorced HILCOAND-of CERTIFY. That I altended deceased from (or) WIFE of egul. 15 th 1955 6. DATE OF BIRTH (month, day, and year) B certificate. 7. AGE Months Davs If LESS than to have occurred on the date stated above, at 1 day. min. Date of onset 8. Trade, profession, or perticular NO kind of work done, as SPINNER. RESERVED SAWYER, BOOKKEEPER, etc. OCCUPAT may back 9. Industry or business in which pluods work wes done, as SILK MILL SAW MILL, BANK, etc .... 10. Date decessed last worked et 11. Total time (yeers) this occupation (month and occupation C Other Contributory Causes of importance 12. BIRTHPLACE (city or town) ARGIN (State or country) supplied FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME If death was due to external causes (VIOL ENCE) fill in also the following important 16. BIRTHPLACE (city or town) (State or county Where did injury occur? \_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of Injury NOIL 24. Was disease or injury In any wey related to occupation of deceased 19. UNDERTAKER (Address) If so, specify 20. FILED. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis	1921	Run over by street car	1 week ago "
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s			7
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1. 20

If more blanks are needed, address State Registrar, 2.

STATE OF MARYLAND—CERTIFICATE OF DEATH

21. DATE OF DEA	IH.	70	7
	(Month)	(Day)	(Year)
	EBY CERTIF		
I last saw h alive to have occurred on the dal The PRINCIPAL CAUSE OF	onte stated above, at	P.m. 19	; death is said
were as follows:	y sulicin		Date of onset
Other Contributory Couses			
Name of operation			f
What test confirmed diagno	sis?	Was there a	nn autopsy?
	de June de Specify city or Irred in INDUSTRY, In 110	Date of Injury 3. Lown, county and IME, or In PUBLIC	JAC., 19.3.3. WWW.A. State) PLACE.
Nature of injury			
24. Was disease or Injury in If so, specify (Signed) (Address)	Janell	ation of deceased?	nerso.
22 N. Charles Street, Baltim		The second secon	J.J. J. W. Linner

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

***************************************			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-OCCUPA 1. PLACE OF DEATH should Registration Dist. No. Ward Village or City (If death occurred in a hospital or institution, give its NAME instead of greet and number) How long in U-S, if of foreign birth? \_\_\_yrg. \_\_mos. Length of residence in city of fown where death occurred mos. SICIAN 2. FULL NAME (a) Residence: No. RECORD. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (nerite the word) (Month) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended decreased from (or) WIFE of : death is said 6. DATE OF BIRTH (month, day, and year) (1) certificate. 7. AGE If LESS than to have occurred on the date stated above, at ... Months Days proper stated I day. .hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance οг. min. were as follows Date of onset Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION RESERVED SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. may back 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this occupation instructions Other Contributory Causes of Importance: Dan 12. BIRTHPLACE (city or tow MARGIN (State or country) supplied FATHER 13. NAME Name of operation \_\_\_\_ 14. BIRTHPLACE (cify or town) (State or country) What test confirmed diagnosis?\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following 16. BIRTHPLACE (city or Adwin (State or country Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury WRITE Date. mation CAUSI Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specily (Signed) Registrar. (Address) 4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corchral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	*Gastraenterilis	1 year

ADDITIONA	L SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN
-----------	-------------	---------	------------	--------------

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING MARGIN RESERVED

te .	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
state UPA.	1. PLACE OF DEATH	95-3	
	County Balamore	Registration Dist. No. 31	
grant .	/ Village or City / arosons	No. St., War	
w -	Length of residence in city or town where death occurred 25 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs	
SICIANS	2. FULL NAME Naholeon B. Tray		
ater	(a) Residence: No. 3 45 Hillen I out.	st announ Ald	
PHYSICIAN	(Usual place of abode)	If nonresident give city or town and State	
PI	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ed. E	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Manuel	21. DATE OF DEATH March 24, 1933 (Month) (Day) (Yeer)	
A CTT.	5e. If merried, widowed, or divorced HU3BAND of (or) WIFE of Rena Grayl. 1879	22. I HEREBY CERTIFY, That I attended deceased fro	
No.	6. DATE OF BIRTH (month, day, and yeer) So wothward 87/12	t lest saw h alive on, 19, deeth ls se	
hu 4m	7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, atm.	
stated properl ertifica	54 6 /1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
be so pe pe fee	8. Trede, profession, or perticuler kind of work done, as SPINNER,	aparently some form of	
	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and spent in this spent in this	Meast Moure	
should it may n back	work was done, es SILK MILL, SAW MILL, BANK, etc.		
F7 40			
AG tha	1/2	Other Contributory Causes of importance:	
So ucti	12. BIRTHPLACE (city or town) (Stete or country)		
illy supplied plain terms, See instru	E 13. NAME and Stay		
supl in ter See in	14. BIRTHPLACE (city or town)	Name of operation	
ully s plain	(Stelle of Country) And Company	What test confirmed diagnosis? Wes there en eutopsy?	
eful in p	15. MAIDEN NAME WAKNOWN	23. If death was due to external causes (VIOLENCE) fill in also the following:	
be carefu EATH in 1	15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?	
in the second	State of Country) Rema Gray	Where did injury occur?(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
hould OF D	17. INFORMANT CACHE Road of awens. and	Specify whether injury occurred in interest in interest, in interest, or in a section tender.	
shoul E OF	18. BURIAL, CREMATION, OR REMOVAL)	Manner of injury	
_ E ·=	Plece Illan and Illu Dete Marille 20, 1903	Neture of injury	
mation shou CAUSE OF TION is ver	19. UNDERTAKER Syson & Marine As Hught (Address) 12.18 He Eldery St. Balto. and.	24. Wes disease or Injury in any way related to occupation of deceased?	
	20. FILED March 26, 1933 At. P. Butter	(Signed) With Sutters (browler) M.	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	•
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory chuses of importance.  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORCCION OF AST: letter 4-20-33 under A. P. HUNER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	11	Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 5 1980	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

FOR RESERVED

1. PLACE OF DEATH County Village or City S Length of residence in city or town where death occurred vrs..... statement CIANS SI RECORD. PHYS (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the work) 5a. If madried, widowed, or divorced HUSBANO of IHEREBY (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properl 7. AGE Months to heve occurred on the date stated above, at min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... may back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month end spantin this that instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town). plain (State or country) HER important. 15. MAIDEN NAME OT 16. BIRTHPLACE (city or town) Σ (State or country) Where did injury occur? ..... DE hould very (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury WRITE CAUSE TION is mation Nature of Injury (Address) (Address) Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) CERTIFY. That I ettended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Oate of onset 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Formendo. Oate of injury (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HDME, er in PUBLIC PLACE. 24. Was disease or injury in any wey related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis &	1915	Attack of epilepsy	1 week ago
Chronic interstitud wephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-0)
County Balt of	Registration Dist. No. 35
Village or City Carleton, ned.	No. St., Ward
7 - 0	If death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
00010	s. ds. How long in U.S. if of foreign birth? yrs. mos ds.
2. FULL NAME John Royalm &	uffin
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (surite the word) OR DIVORCED (surite the word)	21. DATE OF DEATH March (Day) (Yeer)
5a. tf married, widowed, or divorced HUSBANO of	
(or) WIFE of Sarah Whala Juffin	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) O.T. 11 1859	I last saw h elive on 19 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 0 m.
73 4 18 1day,hrs.	
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, G-annex	Orlobality miles
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month and	
this occupation (month and spent in this year) occupation 5.6	paller and the second s
0	Other Coutributory Causes of importance:
12. BtRTHPLACE (city or town) (State or country)	0.7
13. NAME Matha & H:	- artinosetiroset
13. NAME Nothan Guffin  14. BIRTHPLACE (city or town)	Name of according
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rachael Mayes	23. tf death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT TO B. G. G. G. G. (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in thoustry, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jessops, lockeyoulk Date Mar 3, 1933	
10 HNOCOTANED LAS C C S . J & R	24. Was disease or injury tn eny way related to occupation of deceased?
19. UNOERTAKER (Address)  Same	If so, specify
man Thely 1 23 the Bit mill	(Signed) Mihm, Broken M. D.
20. FILED Registrar.	(Address) While Hall Ind

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example 11 The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ano Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory eauses of importance: Other contributory eauses of importance: Gallstones May 1.1923 Gastroenteritis 1 near

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ICIAN	IN
---	-------	----

1864			

V. S. No. 1

6. 7.

OCCUPATION

STATE O  1. PLACE OF DEATH  County Baltimore  Village or City Mt. Wilso			CERTIFICAT	Registrațio	n Dist No.	22506
Length of residence in city or town where de  2. FULL NAME John Gro  (a) Residence: No. 257 LeGa	S.S	O_yrs4_mos	death occurred in a hospital of 27 ds. How long in the state of the st	Baltimor	nore, nit	nd number) mos ds.
PERSONAL AND STATISTIC	(Usual place of	of abode)		If nonresider	nt give city or town	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED	(write the word)	21. DATE OF DEA	TH March	15th	, 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie  6. DATE OF BIRTH (month, day, and year) NOV  7. AGE Years Months		th, 1332	22. I HER October lot last saw h.im alive to have occurred on the da	on March 1	Jarch 15 5th, 193	ded deceased from
50 4	10	1 day,hrs. ormin.	The PRINCIPAL CAUSE Of were as follows:			Date of onset
SAWYER, BOOKKEEPER, etc. 18 Industry or business in which work was done, as SILK MILL, Bre- SAW MILL, BANK, etc.		til 1917	Pulmonar,	tabercalos	sis	1917
12. BIRTHPLACE (city or town) Baltimor (State or country)	re	ne (years)Un- t in this nown	Other Contributory Causes			
a 13. NAME Nichlous Gros			Laryngeal	tiperculos	15	1932

FATHER more 14. BIRTHPLACE (city or town) and (State or country) What test confirmed diagnosis? Was there an autopsy?. MOTHER Eckert 23. If death was due to external causes (VIOLENCE) filt in also the following 15. MAIDEN NAME Accident, suicide, or homicide? .... 16. BIRTHPLACE (city or town (State or country) Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address 18. BURIAL, CALMATION, OR REMOVAL

19. UNDERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury Nature of injury

If so, specify

(Signed)

(Address)

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be recurned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged an domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

Distinguish carefully the different kinds of engineer, as grocery store, soap factory, cotton milh etc., mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, of the occupation can be secured. Distinguish carefully between retail merchanits and wholesale merchanits. A person who sells goods machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

spoli I Gastroenteritis 8261,1 yoM Callstones Other contributory causes of importance: Other contributory causes of importance: obv shop g Simonno, I 1261, 3 lim l. Cerebral hemorrhage obo goon I Run over by street car 1861 Chronic interstitud nephritis obo yoom I hadanda fo yanny 9161 Arteriosclerosis of importance were as follows: of importance were as follows: The principal cause of death and related causes loste of onset The principal cause of death and related causes | Date of onset Example II Example 1

		DEATH
County /	30	lleur
		$\bigcirc$



# STATE OF MARYLAND CERTIFICATE OF DEATH

1	Registration Dist. No.
Village or City Hyuden (No	St: Ward)  (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Much 8 , 19233
6 DATE OF BIRTH  July 6 , 1873  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 756 24 1983. to well 8 , 1923. that I last saw how alive on well 8 , 1923.
7 AGE   If LESS than   I day hrs. or min.?	
a) CCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)	(Signed). (Duration) yis mos (O de Contributory Secondary  (Duration) yis mos (O de Contributory Secondary  (Duration) yis mos ds.  (Signed) Yis mos ds.  (Signed) Yis mos ds.  *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yis mos ds. State yis mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS / 5 2
Filed Track of 19233 19th Clarky	Garage Amil Halling

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemaid. etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very im; ortant, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Jaborer, Farm loborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e.g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The materia But in many Grocery,

Statement of Cause of Death—Name, first, the Dis-EAST GAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid - probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritoritis," ctc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (secondary or intercurrent) Chronic interstitial nephritis, Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease valvular heart disease, affection need etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No. B

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02538
1. PLACE OF DEATH	(B)
County Bello	Registration Dist. No. 33
( ) - 1/2 X	ND. St., Ward
Village or City Larrespec (1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth? yrs mos. ds.
2. FULL NAME Chuyra May Haup	tusy
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Weste 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Month)  (Day)  (Pear)
5a. If married, widowed, or divorced HUSBAND of Hellescel T Houghtware	22. I HEREBY CERTIFY, That I attended deceased from
h	, 19 , to . , 19
6. DATE OF BIRTH (month, day, and year) May 18 - 1800	I last saw h alive on, 19 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were es follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and spent in this s	
9. Industry or business in which work was done, as SILK MILL,	
work was done, as SILK MILL, SAW MILL, BANK, etc	Ollamonay Sucherculoses.
this occupation (month and File 1828 spent in this occupation	0
A I A	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Sauce (State or country)	
13. NAME Garres The Source 14. BIRTHPLACE (city or town) Rall Co	
14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carving M., Wiley  16. BIRTHPLACE (city or town) Darlford (2)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
m 71	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Pargue Lesson (Address) Parklay Less	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL 3/12	Manner of injury
Place New Freedow 79 Date 7 13 1933	Nature of injury
19. UNDERTAKEN Saul M. Harteusleger	24. Was disease or injury in any way related to occupation of deceased?
(Address) The Duy Mai	If so, specify
20. FILED Dear 10: 1933 Chester & Sulline	(Signed) (M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example 11	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4 4 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	93-0 (25.)9
to Plan	County Jallemore	Registration Dist. No. 3
should of OCC	Village or city Frank	No. Davis Cute. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
t w	Length of residence in city or town where death occurredyrsmos	
COICE Every PHYSICIANS oct statement	2. FULL NAME Villeau J. B	Higgs.
1 = =	(a) Residence: No. A) avis ave	St., Ward.
/= _	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3.SEX 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
T X	Male Mule OR DIVORCED (write the word)	(Month) (Oay) (Yaar)
MANEN A C T I assified.	5a. If married, widowed, or divorced HUSBAND of	
MAN A C assi	(or) WIFE of Saruh o Aleggo	22. I HEREBY CERTIFY. That I attended dacased from
ERI EX EX cl	6. DATE OF BIRTH (month, day, and years ov. 30, 1919	I last saw h aliva on The 1937 death is sa
R P P ed ed erly ficat	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 6,05 Pim.
FOR B IS A PE stated E properly certificate	551 10 4 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HIS be be of c	8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, atc.	3
K-TH tould may back	9. lodustry or businass in which work was done, as SILK MILL  Saw MILL BANK are Consuming Roomy Cotton Will	
	SAW MILL, BANK, atc. This young from young fully  10. Data deceased last worked at this occupation (month and spent in this spent in this	
公口四十つ	this occupation (month and 3 % spant in this 30 4 % occupation	
NFADING NFADING plied. AGI	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
ADI ADI ed.	(State or country) UMquua	Chrenie myclity
NF NF oplic erm inst	13. NAME acat Higgs	/
See i	14. BIRTHPLACE (city or town). (State or country)	Name of operation
N 10	John C. Carry	What test confirmed diagnosis?
a ii e		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
THE STATE OF THE S	16. BIRTHPLACE (city or town) - trying with	Where did injury occur?
AIN Id be DEA'	17. INFORMANT Mrs. Sarah E. Argas	(Specify city or town, county and State) Spacify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	18. BURIAL, CREMATION OF REMOVAL)	
	Place of this feel Cyale May 7, 1933	Manner of injury  Natura of injury
-WRITE mation s CAUSE TION is	Editor Louis	24. Was disease or injury in any way related to occupation of daceasad?
EOH	19. UNDERTAKER CACCOLOR (Address) Ellicot Cilia	If so, specily
A M	20, FILED Mar. 6 1933 albert We Keine	(Signed) The M.
ż	Defect, Registrar.	(Address) leest at
	is more viants are necaea, agaress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example H	*
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH 220 should Registration Dist. No. Village or City 22 Reservoir Road (If death occurred in a hospital or institution, give its NAME instead of street and number) S . Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? \_\_\_\_\_\_ yrs. \_\_\_\_ mos. PHYSICIAN 2. FULL NAME ORD. (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBAND of HEREBY CERTLEY. That I attended deceased from (or) WIFE of 53 (H) 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 7. AGE tf LESS than proper Years Months Days stated 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of enset 8. Trede, profession, or particules NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPAT may back 9. Industry or business in which work was done, as SILK MILL should SAW MILL, BANK, etc ..... otal time (years) 10. Date deceased lest worked at this occupation (month and that occupation instructions Other Contributory Causes of Importance. t2. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See (State or country) What test confirmed diagnosis?. efull p MOTHER 23. If deeth was due to externel causes (VIOL ENCE) fill in also the following in Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ EATH 16. BIRTHPLACE (city or town, (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of injury Date CAUSI mation Nature of injury 24. Was disease or injury In any way releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify" (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 02601
1. PLACE OF DEATH	(3)
County Daltimors	Registration Dist. No.
Village or City Catonserlle Of	If death occurred in a hospital or institution, give in NAME instead of street and number)
Length of residence in city or town where death occurred 17_yrs9mo	
2. FULL NAME Caward Hoffma	
(a) Residence: No. Leuknown	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That   attended deceased from
(or) WIFE of Single	May 22 19/5, 10 Inch /6, 1933
6. DATE OF BIRTH (month, day, and year) Luknow	I last saw hand alive on Mall 1933; death is said
7. AGE. Years Months Days If LESS than	to have occurred on the date stated above, at 8-4.m.
46 ? ? 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of pricet
	D
of Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Prelim Tuber culosia
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and Byps spent in this occupation 10 %)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance;
(State or country) austred	Dementio Process
I 13. NAME John Hoffman	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Cereples	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
X (State or country) acestra	Where did injury occur?
17. INFORMANT no friends	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION OR REMOVAL	Manney of Injury
Place Spetty Store Selembate 3/20, 153	Manner of injury
19. UNDERTAKER STATES AND STATES	24. Was disease or injury in any way related to occupation of deceased?
2/261 42 N/6/11/1/2/2	(Signed) ASP E Carrett M. D
20. FILED Registrat.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			# .
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

ate at	STATE OF MARTEARD	CERTIFICATE OF DEATH	19283	
infor stat UPA	1. PLACE OF DEATH	93:0	-	
ould occ	County Baltimore	Registration Dist. No. 38		
	Village or City Carkville	No. Beverly Road St.	Ward	
iter sh of	7 (If	death occurred in a horpital of institution, give its NAME instead of street and	number)	
NS II	Length of residence in city or town where death occurred	. ds. How long ib U.S. if of foreign birth? yrs. m	os. ds.	
Eve	2. FULL NAME Clice Jane Hought	on .		
D. 1	(a) Residence: No. Bluesly Road	St., Ward.		
S. T.	(Usual place of abode)	If nonresident give city or town and	State	
act P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
NT RALY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  Lingle	21. DATE OF DEATH March 27 (Day)	, 193 3 (Year)	
MANEN ACTI assified	5a. It married, widowed, or divorced HUSBAND of			
IAN A C Issi	(or) WIFE of	22. J HEREBY CERTIFY, That I attended		
G N G	6 DATE OF BIPTH (month day and year) Soul 21 1855	1933, to Mar. 2		
PE E	6. DATE OF BIRTH (MONTH, day, and year)	I last saw here aliva on March 7, 1933; daath is said		
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at		
IS A stated proper	77 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	were as follows:	Date of onset	
be be lof cof	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	0.5.	27.11	
<b>E</b>	SAWYER, BOOKKEEPER, etc	Cicule bronchistis	3/14/3	
KK-T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.			
INK sho t it i	U J IU. Date decaased last worked at		-	
NFADING pplied. AGI erms, so tha instructions	DE BURTURE ACT (site on four)	Other Contributory Causes of importance:		
I. se uct	12. BIRTHPLACE (city or town) Shurbury (2)	Chronic musear ditio	2/12/2	
UNFA supplied n terms, ee instri	E 13. NAME David Houghton	(act by less to to	11.4/-4.8	
the same of	I	Maria Maria Maria	-	
See See	14. BIRTHPLACE (city or town) (State or country)  Not Programs	Name of operation Date of What test confirmed diagnosis? Was there are		
2 %				
Careful TH in p	I	23. If death was due to external causes (VIOL ENCE) fill in also the following		
Cal Cal TH Poort	16. BIRTHPLACE (city or town)  State or country)	Accident, suicide, or homicide?	, 19	
be be imp	Dag 1 Dic.	Where did injury occur? (Specify city or town, county and State	le)	
	17. INFORMANT Margaret Weaven	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.	
E PLA Should OF D	(Address) Bluesky Road  18. BURIAL CREMATION, OR REMOVAL)			
[+] O) (O	Place Sunbury Pa. Oste 3/30 1933	Manner of injury		
WRITE nation s AUSE TON is	1007	Natura of injury		
WRITTE mation S CAUSE TION is	19. UNDERTAKER John J. Llenny	24. Was disease or injury in any way related to occupation of deceasad?	71.00	
00	(Addrass) 115 Light M.	If so, specify		
1-20	20. FILED 3/28 , 19. 8.3 G. W. Nacan	(Signed) 4. M. Dateou	M. D	
A	Registrar.	(Addrass) Las Bulle		

STATE OF MADVI AND CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR FURT	HER STATEMENT	S BY PHYSICIAN	

stated EXACTLY. PHYSICIANS should state item of inforof OCCUPA-IS A PERMANENT RECORD. Every Exact statement properly classified. MARGIN RESERVED FOR BINDING certificate. UNFADING INK-THIS he AGE should be Jo See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. N. B.-WRITE

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95
county Ballimore	Registration Dist. No. 44
Village or City Essex	No. St, Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mary Huber	0
(-)	Eastern Wakee  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH .
F QR DJ VORCED (write the word)	March 6 1938
54. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of C	22. I HEREBY CERTIFY, That I atlended deceased from
John Tuber 1876	, 19 , to
6. DATE OF BIRTH (month, day, and year) Office & " 1865	t last saw h alive on, 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
67 // // // lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular	
kind of work done, as SPINNER, Houswife SAWYER, BOOKKEEPER, etc. Houswife	acute Cardiac Failure
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Marie Commence of the Commence
11. Total time (years) this occupation (month and year) year) occupation	
Ballimore md	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) I State or country)	
1 2 2 4	
	N. A. M
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unknown	23. If deeth was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide? Date of injury 19
16, BIRTHPLACE (city or town)  (State or country)  (State or country)	Where did Injury occur?
1 P . H . Par.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT John Tillwell (Address) Helena ave Essex	Specify whether injury occurred in Impositif, in nome, of in Poblic Place.
18, BURIAL, CREMATION, OR DEMOVAL	Manner of injury
Place Oak Sawr blun Date Mar 9 1533	Nature of Injury
KM/1. LL	
19. UNDERTAKER (Address) Party Miller	24. Wes disease er injury in eny way related to occupation of deceased?  If so, specify
10 12 2 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) Jacob Wallman Coroner M.D.
20. FILED Man. 19.3.3 Phy. Registrat	(Address) Slemmers Run Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	Way 1,1923	Gastroenteritis	1 year
13.	403		

				TEMENTS BY PH			
CHANGE OF	Deror	I L. m v M	H OF THURASE	الشاء دالله له ال	BY LEIPTA	LITER	5-9-55
und on lin	Terah De	17 water Carre	T T				

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

mation should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING MARGIN RESERVED -WRITE PLAINLY, WIN

S. No. 18

N. B.

of OCCUPA.

	SIAIL C	F MARY	LAND-	CERTIFICATE OF DEATH	605	
1.	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Paristantian Dist No. 37		
	County Gallinge	01		Registration Dist. No. 38	W	
	Village or City Colouse			ND. Creil due Caton mone St., death occurred in a horpital or institution, give its NAME instead of street and r		
	Length of residence In city or town where o	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth? 36 yrs mo	s	
2.	FULL NAME Choley	- Usen	lee			
	(a) Residence: No. 1924 Ra	Usual place o	f ahode)	St., Ward.  If nonresident give city or lown and	State	
	PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
3. S	ex 4. COLOR OR RACE		IED, WIDOWED, (write the word)	21. DATE OF DEATH Ward 30 (Month)	, 193.7. (Year)	
5a, I	If married, widowed, or divorced HUSBAND of (or) WIFE of  This him	un Jose	nsee	22. I HEREBY CERTIFY, That I attended	deceesed fro	
5. D	ATE OF BIRTH (month, day, and year)	lue 6	1800	I last saw h alive on 19.	; death is sa	
7. A	72 9	Days 24	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse	
200	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pande				
CUPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Paulis		Chosic Heart desease	194	
0	10. Date deceased last worked at this occupation (month and 192 yeer)	11. Total tin	ne (years) Lin this Dation Ah	Coroner Cosa	7	
12.	BIRTHPLACE (city or town) Sec	many.	• • • • • • • • • • • • • • • • • • • •	Other Cuntributory Causes of importance:	//	
E E	13. NAME	h		The Man	1-0 ay	
PAIHER	14. BIRTHPLACE (city or town)	mare	ч,	Neme of operation		
2	15. MAIDEN NAME	white.		23. If death was due to external causes (VIOLENCE) fill in also the following		
MOIHER	16. BIRTHPLACE (city or town)(State or country)	Em an		Accident, suicide, or homicide?		
17. I	NFORMANT W JAM (Address) 19 24 A Chan A	isee.	)	(Specify eily or town, county and Slai Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.	
18. 1	Place Lauxon P.	Date Darks	D / 19.35	Manner of injury		
19.	UNDERTAKER Sea 4 Sa (Address) 2/0/ Fied	hwal		24. Was disease or injury in eny wey related to occupation of deceesed?	no.	
20.	FILED March 30, 1933 Mic	uskall 13	Registrar.	(Signed) Marshall A fort	,M.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To he complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
U V P			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IS A FERRICA State EXACTLY. PHYSICIAMS Stated EXACTLY. Exact Statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-BINDING TION is very important. See instructions on back of certificate. FOR be MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, se that it may mation should be carefully supplied. WI B.-WRITE PLAINLY V. S. No. 1

Z.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	100
County Ballsmore	Registration Dist. No. 50
Village or City / owsour	ND. St., Ward
Length of residence in city of town, where death occurred 5, 5, yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME ( harles ) Johnson	27//
1100 4 10 11 1181	Thosas Hard
(a) Residence: ND.// MUMACH HALL 10 (Usual place of a Bode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, AR DIVORCED, (write the word)	21. DATE OF DEATH MA has
Il 6 Adorer	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Cora Johnson	22. I HEREBY CERTIFY, That I attended deceased from  22. 1 HEREBY CERTIFY, That I attended deceased from  23. 1 1933 to 2000 27 1933
6. DATE OF BIRTH (month, day, and year) 1859 AMMANAN	Hast saw h. Ear alive on Tury 26, 19 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 10:10 m.
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade profession, or particular	were as larows. Oste of onset
kind of work done, as SPINNER, AWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and spant in this	Hovor / nemmen
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dato deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	
13. NAME MARNOWN	
13. NAME MARNOWN  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Respected Was there an eulopsy?
15. MAIDEN NAME VIRIOUN	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME WRIGHT  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur? (Specify city or lown, county and State)
17. INFORMANT Saraw Purviance	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)// Prospect Kill Jowson ma	••••••
Place PL CLONE SLEET Date 3/35 1933	Manner of injury
	Nature of injury
19. UNDERTAKER ( ) Jay 9017 X Micornio GNI Stat	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1/2/8 McGldeky 15	If so, specify
20. FILED TACK 29, 1900 A Registrar.	(Signed) M. D.  (Address) 2329 4 mas 6 a
If more blanks are needed, address State Registrar,	

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

be stated EXACTLY, F be properly classified. bk of certificate. RECORD It may be chould BINDI be carefully supplied. ACE EATH in plain terms so that Important. See Instructions FOR RESERVED UNFADING MARGIN OB CF Shot E CF CAUSI State Cours Ö Every Ite

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED. OR-DIVORGED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) If LESS the 7 AGE I day hr B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER RENT (State or country) 12 MAIDEN NAM PA OF MOTHER 13 BIRTHPLACE OF MOTHER OF Registrat

If more b.anks are needed, addre.s : tate Regists

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 35

	St: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.)
	MEDICAL CERTIFICATE OF DEATH
	many (Month) 25 (Day) 4 53 Year)
, J	17 I HEREBY CERTIFY, That I attended the deceased from much 28 1933 to march 28, 1933
_	that I last saw halive on, 192,
n	and that death occurred on the date stated above, at
S.	The CAUSE OF DEATH * was as follows:
-5	ALL
	***************************************
-•	
	(Duration)yrsde,
-	Contributory Secondary
-	(Signed) (Duration) yrs mos ds.
	Grand Dr. S Address Mary Land Jene
~~	*State the lis ase Causing Death, or, in deaths Irom Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1	LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of dea h?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	En The Slive mm. 21. 19 3 3
	20 UNDERTAKER GATLEY ADDRESS
-	, 16 W. Saratoga St., Bulto., Requesting V. S. ho. 1.
ar	, to w. Saratoga St. Daito., Requesting v. S. 100 1.

8 3 No.

03

z

(Approved by U. S. Census : nd American Fublic Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to e.ch and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g. . Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH en at home, who are engaged in the duties of the Physiciam, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

st.ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, su\_h as "Asthenia," "Anaemia" (mercly s;mptomatic), "Atrophy," "Collapse," "Com2," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsia, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage / Ceff	July 5, 1927	Peritonitis	3 days agg-
- Single	/		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

HORAG

93:0	)		0000
	Registration	Dist. No. 44	,
ddle River			
No.  If death occurred in a hospital or in	stitution, give its NAM	E instead of street and	d number)
os. ds. How long in U.S	. if of foreign birth?	yrs.	mos. ds.
ainey			
St., Ward.	If nonresident	give cily or lown a	nd State
MEDICAL	CERTIFICATE	-	no cano
21. DATE OF DEAT		OI DEATH	-
21. DATE OF DEAT	Mach	5	193.3
_	(Month)	(Oay)	(Yaar)
1 last saw harmalive on	BYCERTIF	Y. That I attende	d deceased from
- Ornion 1	, 19 , to	5-	, 19
			death is said
to have occurred on the data	stated above, et ///	30 /m.	
The PRINCIPAL CAUSE OF I	EATH and related caus	es of importance	
were as ronows.			Oate of onset
101	2	. /	
1 ( Suranie	Myour	leti.	1081
	100		/1/2/
Other Contributory Causes of	importance:		-
		,	
Halle of oparation	one	- J Oate of	
What test confirmed diagnosis	churcoffu	Muy Was there a	n autopsy? 200
23. If death was due to externa	//		
Accident, suicide, or homicide			
-		pate et mjury	17
Where did injury occur?	(Specify city or	town, county and S	tate)
Specify whether injury occurr	ed in INOUSTRY, in HO	ME, or in PUBLIC	PLACE.
Manner of injury			
Natura of injury			
24. Was disease or injury in a	ny way related to occur	ation of deceased?	200
If so, specify	0 - 4	01	
(Signed)	I her her	ž	. A . M. C
(Address)	>2	ex. Mu	P
(Addless) Z			

If more blanks are needed, address State Registrar, 2411 N, Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To he complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

onset The principal cause of death and related causes of importance were as follows:  15 Attack of epilepsy  1 week ag
15 Attack of epilepsy 1 wook ag
21 Run over by street car 1 week ag
,1927 Peritonitis 3 days ag
Other contributory causes of importance:
,1928 Gastroenteritis 1 year

-WRITE PLAINLY W. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully, supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Beretime	Registration Dist. No. 37
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth? yrs mos ds.
(a) Residence: No. Crefty (Uprial place of abode)	St., Ward.  It conresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Man ch 8 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of Barbara Renney	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) July 2D 1861	I last saw h alive on March , 19.33; dealh is said
7. AGE Years Months Days If LESS than / 1 day,hrs.	to have occurred on the date stated above, at 3 -5 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Slack Smith	Hemphley ai
work was done, as SILK MILL, SAW MILL, BANK, atc	Designation
11. Total time (years) spent in this occupation (month and year) 19.24	
t2. BIRTHPLACE (city or town) (State or country) tayland	Other Contributory Canses of importance:
13. NAME Thomas Renney  14. BIRTHPLACE (city or town)	1.5
14. BIRTHPLACE (city or town) Cycles (State or country)	Name of operation Date of
15. MAIDEN NAME Priscella Osussell	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Procedure  Country  And Country	Accident, suicide, or homicide? Date of injury 19
17. INFORMANT Mus less B Kenney (Address) Everseysuels Well	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Mach 10, 1933	Manner of Injury 10002
19. UNDERTAKER A CANADA A CANA	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED M. GACK 8, 19 33 B. Benson M. Registrar.	(Signed) B B Y Berry M. D. (Address) Live Sun A M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

HYSKIANS should state Exact statement of OCCUPA-

Z U

# HEALTH DEPARTMENT—CITY OF BALTIMORE

E 00	CERTIFICATI	E OF DEATH.
SKIANS shatement of	1-PLACE OF DEATH County OFFY OF BALTIMORE: (No. A milath 42 2-FULL NAME John & Kovo	REGISTERED NO.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Rh RP HYY. Exact s	(a) RESIDENCE No. Boy #33 Curyusta  (Usual place of abode)  Length of residence in city or lown where death occurred yrs. mos.	ds. How long in U. S., If of foreign birth?  WARD 12th Electron District  (If non-resident give city or town and State)  yrs. mos. ds.
FT.5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTI EXACTI classified.	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) 3/7/33 19
- W	Male White Married	I HEREBY CERTIFY, That I attended deceased from
PERN stated perly tificat	5a If married, widowed, or divorced HUSBAND of (or) WIFE of	, 19, to, 19
St.	agnin Nova.	that I last saw halive on
IS be	6 DATE OF BIRTH (month, day, and year) June 5 - 1593	and that death occurred, on the date stated above, at
should may b	7 AGE Years Months Days If LESS than I day,hrs. ormin.	The CAUSE OF DEATH* was as follows:
E s	8 OCCUPATION OF DECEASED	
IN That	(a) Trade, profession or particular kind of work	
NG So so ctio	(h) General nature of industry,	(duration) yrs. mos de
ADI liec ms, stru	husiness, or establishment in which employed (or employer)	CONTRIBUTORY acute Indegration
upp terri	(c) Name of employer B & J. Curcuaft Corf	(duration) yrsmos. de
See	9 BIRTHPLACE (city or town) 13 alternative	if not at place of death?
54 54	(State of County)	Did an operation precede death?
A RETAIL	10 NAME OF FATHER Sleven Koval	Was there an autopsy?
LY,	11 BIRTHPLACE OF FATHER (city or town	What test confirmed diagnosis?
O STE	Z (State or country) (Toland	(Signed), M. D
PLA should OF D	12 MAIDEN NAME OF MOTHER Rogialia Czaj	Language Til James Overvon
on short	13 BIRTHPLACE OF MOTHER (city or town) Quatras (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes stafe (1) Means and Nature of Injury, and (2) whether Accidenta Suicidal, or Homicidal. (See reverse side for additional space.)
WR mati CAU TIO	14 Informant Cignes Koval.	19 PLACE OF BURIAL CREMATION OR RE- MOVAL  DATE OF BURIAL
4	(Address) Dundalk md	Daniel Stanslaur 3/10 12
	Filed 3/19/3.30 Mearson Registrar	John J. Carrely Exces

# REVISED UNITA STATES STANDARD CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Asso.]

may more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, "Foreman," "Manager," "Dealer," etc., without amples: (a) Spinner, (b) Cotton mill; (a) Salesnature of the business or industry, and therefore an additional line is provided for the latter state-DISEASE CAUSING DEATH, state occupation at beginwork, or At home, and children, not gainfully emonly (not paid Housekeepers who receive a defiwho are engaged in the duties of the household factory. The material worked on may form part man, (b) Grocery; (a) Foreman, (b) Automobile ment; it should be used only when needed. As expecially industrial employments, it is necessary Stationary Fireman, etc. But in many cases, es-Architect, Locomotive Engineer, Civil Engineer, e. g., Farmer or Planter, Physician, Compositor, irrespective of agc. For many occupations a single The question applies to each and every person, healthfulness of various pursuits can be occupation is very important, so that the relative write None. For persons who have no occupation whatever, ning of illness. If retired from business, that fact has been changed or given up on account of the Servant, Cook, Housemaid, etc. If the occupation persons engaged in domestic service for wages, as taken to report specifically the occupations ployed, as At school or At home. Care should be nite salary to know (a) the kind of work and also (b) the word or term on the first line will be sufficient, Statement of Occupation.—Precise statement of be indicated thus: Farmer (retired, 6 yrs.). may be entered as Housewife, Houseknown. of

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broneho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of......(name origin;

mia," for malignant ( hasms); Measles; Whooping cough, Chronic valvular heart disease; Chronic Revolver wound of head-homicide; Poisoned by earbolic acid-probably suicide. The nature of as "Puerieral septicemia," "Puerperal peritoni ascertained as the cause. Always qualify all dis-"Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," or terminal conditions, such as "Asthenia," "Anæ stated unless important. ondary or intercurrent) interstitial nephritis, etc. Association.) mittee on Nomenclature of the American Medical statement of cause of death approved by Comhead of "Contributory." (Recommendations on the injury, as fracture of skull, and consequences drowning; Struck by railway train-accident; HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental OF INJURY and qualify as ACCIDENTAL, SUICIDAL, was undertaken. For violent deaths state means tis," etc. State cause for which surgical operation eases resulting from child birth or miscarriage, mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Con-(secondary), 10 ds. Never report mere symptoms ease causing death), 29 ds.; Bronchopneumonia "Cancer" is less (e. g. sepsis, tetanus) may be stated under the lasms); Measles; Whooping nite; a Example: Measles (disaffection need not be The contributory (secd use of "Tumor"



20. FILED.

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH (126.12
1. PLACE OF DEATH			92-0
County Balti	more		Registration Dist, No.
Village or City Woodl	awn		No. Liberty & Old Court Roads St., Ward
	and double assured Total	(If	No. Liberty & Old Court Roads St., Ward feesh occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	1010 000111 00001100_#25		us. now long in 0, 5.11 or lotergu bittit;yis mos us.
2. FULL NAME	Elizabet		
(a) Residence: No. Libert	y Road and (Usual place	of abode)	Rd St., Ward.
PERSONAL AND STATI			MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
Female White	OR DIVORCE	D (write the word)  OWed	Mary 20 193 3 (Year)
. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Jacob	Krider		22. I HEREBY CERTLEY, That I ettended deceased from  Men 10 ,1933, to Man 20 ,1933
DATE OF BIRTH (month, day, and year)	fanuary 16	1845	1 last sew h. L. alive on Mas ff. 1923; deeth is said
AGE Years Months		If LESS then	to heve occurred on the date stated above, at 10.2m.
88 2	4	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particuler		7 01	00 0
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	None		Chr. Vulv. Heart Dis.
9. tndustry or business in which work was done, es SILK MILL,			
SAW MILL, BANK, etc		nt in this	
yeer) occupation			Other Cantributory Causes of importance:
2. BIRTHPLACE (city or town) Woodlawn (State or country) Maryland			
1	erick Kirk		- Bronches freumonia
			Neme of operation Date of
14. BIRTHPLACE (city or town) (State or country)	Germany		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marge	aret ?		23, If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (cittor town)			Accident, suicide, or homicide? Date of injury, 19
(Stete or country) Germany			Where did injury occur?
(Address) Too Caur Mules		Wy S.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL		1. OF 77	Manner of injury
Place Mt. Olive Cem John Merch 28 ,19 33		11 60 19 55	- Nature of Injury
9 UNDERTAKER DEPTHOLOGIC			24. Wes diseese or injury In any way related to occupation of deceased?
(Address) 100% W. Baltimore St.			If so, specify The American State of the Sta
FILED 2/22 1933 M. h. Buffers			(Signed) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) Landa

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l	Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
,			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH  COUNTY. Ballimore:  Village or City. Essex  (It douth occurred in a horgisal eximate continue, give its NAME, instead of tirred end mansher)  Village or City. Essex  (It douth occurred in a horgisal eximate continue, give its NAME, instead of tirred end mansher)  Monog in U.S. it of ferrige birth?  Vis. mos.  ds. How long in U.S. it of ferrige birth?  Vis. mos.  ds. How long in U.S. it of ferrige birth?  Vis. mos.  ds. How long in U.S. it of ferrige birth?  Vis. mos.  ds. How long in U.S. it of ferrige birth?  Vis. mos.  ds. How long in U.S. it of ferrige birth?  Vis. mos.  ds. How long in U.S. it of ferrige birth?  Vis. it is named to the control of the	STATE OF MARYLAND—	CERTIFICATE OF DEATH (2613
Village or City. Losex  No. Length of residence in city or loan where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.  2. FULL NAME  J. Residence: No. Leastern care bridgen  (a) Residence: No. Leastern care bridgen  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  A COLOR OR RACE  S. SINGLE MARKEN MUDOWED, or divorted Warried Warried  Warried Wowded or divorted  Warried Wowded, or particular  T. AGE  Peers  Moaths  Days  II LIBS than  1 day, hrs. or min.  E Trade, profession, or particular  SAW MILL BARK, stc.  SAW MILL BARK,	1. PLACE OF DEATH	(AF)
Length of residence in city of Land where death occurred.  Length of residence in city of Land where death occurred.  S. How long in U.S. If of foreign birth?  As How long in U.S. If of foreign birth?  Was long in U.S. If of foreign birth?  As How long in U.S. If of foreign birth?  Was long in U.S. If of foreign birth?  If noneigher in the U.S. If of foreign birth?  Was long in U.S. If the U.S. I	County Ballimore 56	Registration Dist. No.
Length of residence in city of John where death occurred.  2. FULL NAME  2. FULL NAME  3. Residence: No. Eastern care Shorthe Clarethe Cla		
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  1. SEX  1. COLOR OR RACE OF DIVINGED Control of DEATH  MEDICAL CERTIFICATE OF DEATH  Medical State of Death  Medical State of DEATH  MEDICAL CERTIFICATE OF DEATH  MEDICAL CROSS OF DEATH  MEDICAL CERTIFICATE OF DEATH  MEDICAL CROSS OF DEATH  MEDICAL CERTIFICATE OF DEATH  MEDICAL CROSS	2. FULL NAME Trank Krikan	s. ds. How long In U. S. if of foreign birth?yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  Walle (. COLOR OR RACE S. SINGLE, MARRED, WIDOWED, OR DIVOKED (. Grave to yourd)  52. Il married, widowed, or divorced Hills and the control of the control		If nonresident give city or town and State
Male While OB DYORCED Carrie No. world)  5. Il married, widowed, or divorced (from the world)  5. Il married, widowed, or divorced (or) wife of Ludmila Krixan  5. Il married, widowed, or divorced (or) wife of Ludmila Krixan  5. DATE OF BIRTH (month, day, and year) August 15/18/28/17. AGE Years Months Days II LIES than I day. The PRINCIPAL CAUSE OF DEATH and related above, at. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  8. Trade, profession, or particular kind of work done, as SPINKER. SAVER, BOOKKEPER, etc.  Chronic Myseartial  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Chronic Myseartial  This principal causes of importance:  Chronic Alcoholism  Other Contributory Causes of importance:  Chronic Alcoholism  The PRINCIPAL Cause of importance:  Chronic Alcoholism  The PRINCIPAL Cause of importance:  Chronic Alcoholism  This principal causes (violence) fill in also the following:  Acident, suicide, or homicide?  Date of injury  To informant Harry Home, or in Public Place.  The Principal causes (violence) fill in also the following:  Acident, suicide, or homicide?  Date of injury  To informant Harry Home, or in Public Place.  The Principal causes (violence) fill in also the following:  Acident, suicide, or homicide?  Date of injury  To informant Harry Home, or in Public Place.  The Principal causes of injury in eny way related to occupation of deceased?  The Principal causes of injury in eny way related to occupation of deceased?  The Principal causes of injury in eny way related to occupation of deceased?  The Principal causes of injury in eny way related to occupation of deceased?  The Principal causes of injury in eny way related to occupation of deceased?  The Principal causes of injury in eny way related to occupation of deceased?  The Principal causes of injury in eny w	PERSONAL AND STATISTICAL PARTICULARS	The state of the s
HUSBAND of Cor) WIFE of Ludmila Krigan  6. DATE OF BIRTH (month, day, and year) August 15/8 TM  7. AGE  Years  Months  Days  11 LES than 1 day, hrs. or, min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Chronico Mystartial  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Chronico Mystartial  Date clonest  Lind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.  Chronico Mystartiad Packet Celty or town)  Other Coatributory Causes of importance:  Chronico Mystartiad  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Chronico Mystartiad  Other Coatributory Causes of importance:  Chronico Mystartiad  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Chronico Mystartiad  Chronico Mystartiad  Other Coatributory Causes of importance:  Chronico Mystartiad days of importance:  Other Coatributory Causes of importance:  Other Coatributory Causes of impor	Male White Married	March 5 1933
T. AGE  Vears  Mouths  Jay  II LES than I day, Ints. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Chronic Mys cartials  Date of country  Principal your own was done, as SPINNER, Jarrah Labour Stradies of the principal of the date stated above, at.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Chronic Mys cartials  Chronic Mys cartials  Date of country  Date of country  Chronic Mys cartials  Date of country  Other Contributory Causes of importance:  Chronic Mys cartials  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Chronic Mys cartials  The principal cause of principal causes of importance were as follows:  Chronic Mys cartials  Date of country  Other Contributory Causes of importance:  Chronic Mys cartials  The principal cause of importance were as follows:  Chronic Mys cartials  The principal cause of importance were as follows:  Chronic Mys cartials  The principal cause of importance were as follows:  Chronic Mys cartials  The principal cause of importance were as follows:  Chronic Mys cartials  The principal cause of importance were as follows:  Chronic Mys cartials  The principal cause of importance were as follows:  Chronic Mys cartials  The principal cause of importance were as follows:  Chronic Mys cartials  The principal cause of importance were as follows:  Chronic Mys cartials  The principal cause of importance were as follows:  Chronic Mys cartials  The principal cause of importance were as follows:  The principal cause of importance	HUSBAND of O	
8. Trade, profession, or particular in the development of the profession of particular in the of work dong as SPINNER, BANYER, BOOKKEEPER, etc.  9. Industry or business in which will done in the same of the profession of the pro	7. AGE Years Months Days II LESS than 1 day, hrs.	I last saw h ative on , 19 ; death is said to have occurred on the date stated above, atm  The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town) Hungary (State or country)  13. NAME Martin Krigary  14. BIRTHPLACE (city or town) Hungary (State or country)  15. MAIDEN NAME Katherine Ostradicky (State or country)  16. BIRTHPLACE (city or town) Hungary (State or country)  17. INFORMANT Mary Hongary (Address) Jenstoners Place  18. BURIAL, CREMATION, OR REMOVAL Place Hongary  19. UNDERTAKER (Address) 1906 Country  19. UNDERTAKER (Address) 1906 Country  Other Coutributory Causes of importance:  Chtonic Cleoholism  Name of operation.  Date of Impury.  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, sulcide, or homicide?  Date of Injury.  Specify whether Injory occurred In IMDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address) 1906 Country of Countr	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	Usie ot onset
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Katherine Ostradicky  16. BIRTHPLACE (city or town) Hungary  (State or country)  17. INFORMANT Mary Hongary  (Address) Hemoners Regner  18. BURIAL, CREMATION, OR REMOVAL  Place Hongary  19. UNDERTAKER  (Address) 1906 Listing On the Commelly  20. FILED Mech. 1933 John S. Commelly  (Signed) Jacoba Malling and Oscience Malling of the Control	12. BIRTHPLACE (city or town) Hungary (State or country)	Other Contributory Causes of importance:  Chronic Olcoholism
(State or country)  Where did Injury occur?  (Specify city or town, county and State)  Specify whether Injory occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address) Hembers Reduced  18. BURIAL, CREMATION, OR REMOVAL  Place Holy Edecured Date.  19. UNDERTAKER  (Address) 1906 Country  19. UNDERTAKER  (Address) 1906 Country  (Signed) Jacob Walling are Core received. B. D. Connelly  (Signed) Jacob Walling are Core received. B. D. Connelly  (Signed) Jacob Walling are Core received. B. D. Cornelly	14. BIRTHPLACE (city or town) Hungburg (State or country)	
18. BURIAL, CREMATION, OR REMOVAL  Place Holy Edeemer Date	E (State or country)  17. INFORMANT Mary Honga	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
19. UNDERTAKER trans Coally on 24. Was disease or Injury in eny way related to occupation of deceased?  19. UNDERTAKER trans Coally on 19. Underson of deceased?  24. Was disease or Injury in eny way related to occupation of deceased?  16 so, specify (Signed) face of Walling and Coally on December 19. Underson of deceased?	18. BURIAL, CREMATION, OR REMOVAL	
20. FILED. (1907) 1907 (1907)	19. UNDERTAKER Frank Coally & In	24. Was disease or Injury in any way related to occupation of deceased?
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Registyar.	(Jodness) Stanzmers Run Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased liad retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 wook ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 yéar	

### A&Co. 5-31 250B

# HEALTH DEPARTMENT—CITY OF BALTIMOREN

17 (7.13)	on.
A COLL	UR.
to Post of the	-8

Date of onset

100	AND THE PROPERTY OF THE PARTY O
B	できる。

statement

xact

S

EXACTLY.

stated

properly clas

instruction

FATHER

im

1. PLACE OF DEATH.

CERTIFICATE OF DEATH

- 9			7		
37	1	9)	-8	ъ.	
	F.	25	$\pi$		

Registered No ...

(If death occurred in hospital or institution. givo its NAME instead of street and number.)

Isl. St., .....Ward. (a) Residence: No... (Usual place of abode)

(If non-resident give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4 Color or Race

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)/ 7. AGE

Months Dava If LESS than 1 day,....hrs or .....min.

8. Trade, profession, or particular ÖCCUPATION kind of work done, as spinner, sawyer, bookkeeper, etc .... Industry or business in which work was done, as slik mill,

saw mili, bank, etc... 10. Date deceased last worked at this occupation (month and

II. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town). (State or country)

IS. NAME

14. BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL CREMATION, OR REMOVAL

Jank Date

19. UNDERTAKER (Address)

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 2 /-FREBY CERTIFY, That L attended deceased from

to have occurred on the date stated above, at,

The principal cause of death and related causes of importance were as follows:

years. tather contributory causes of importance?

Name of operation ..... ..... Date of. What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? ....... Date of injury ...... Where did injury occur?.

(Specify city or town, county, and State) Specify whether injury occurred in Industry, in home, or in public place.

Manuer of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? And If so specify

(Signed) .. 4(Address) 60/ 25/33

may be SI SI occupation 8 G information state CAUSE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
WAR 25 1733
FCFDCMAL

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Dulleunie	CERTIFICATE OF DEATH
1 ( Zul. 1	Pleaser Registration Dist. No.
Village or City Circleston (Notwork Ans	tion, give its NAME is -
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.  Wale while OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
G DATE OF BIRTH  Sebruary 19-, 1885  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921. to 24, 1923, thet I last saw hereafter on 24, 1923.
7 AGE  # 8 yrs.   mos. 5 ds. or min.?	and that death occurred on the date stated above, at 7.40 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Sea-ford deeler  (b) General nature of industry	Julium, Jutualian
business, or establishment in which employed or (employer) fish Municet  9 BIRTHPLACE (State or country)  Plansage	Contributory Secondary
10 NAME OF FATHER Many Sanstrungh.	(Signed) Alleuf D. House M. D.  May 24 1923 (Address) Revilandor Med
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER CELLER /Celleccen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residente)
OF MOTHER (State or Country)	At place of death yrs from mos. 2 ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Backerse has if not at place of death?  Former or usual residence 2302 MM. Ray el Carrie Bully les
(Informant) (Address) Alra Shurer.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Patto Hehren anetin 3-26, 19 32
Filed March 2492 3 4.m. Stade. Registrar	Leck Loury fre 1439 & Math to
If more blanks are needed, address State Registray	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. laborer, worked on may form part of the second statement. to report specifically the occupations of persons ento know (a) the kind of work and also (b) the For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) Whooping cough; Recommendations on statement of cause of death Never report mere symptoms or terminal condi-Chronic affection need not be etc. valvular heart The contributory Always qualify all ," "Convulsions, Measles; disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No.

County Village or City						Registration Dist. No.			
	Village or Length of re	orty			(li	No. St., f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos.			
2	(a) Reside		James ) 2315 E	i o' Dr		St., Ward.			
-	PERSO	VAL AN	D STATIST	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH			
3. 5	SEX		R OR RACE	5. SINGLE, MAI	RRIED, WIDOWED, ED, (write the word)	21. DATE OF DEATH  March 4, 193			
5a.	If married, wido HUSBAND of (or) WIFE of	wed, or divo	rced	A. Laus	n	22. I HEREBY CERTIFY, That I attended deceased to the state of the sta			
6. I	DATE OF BIRTH	(month, day	, and year)	ma 25;	1869	Wast saw ham alive on March 1993, death			
7. /	AGE Ye	ars 63	Months	Days	If LESS than 1 day,hrs. ormin.	to havo occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:			
ATION	SAWYE	work done,	es SPINNER, PER, etc	Clerk		Valvelor HEart 94			
OCCUPA	10. Dato decea this occ		ked at	11. Totat i	time (years) ent in this				
12.	BIRTHPLACE (c		Polti		•	Other Courributory Causer of importance:			
田田	13. NAME	John	Lauer			Around a			
ATH	14. BIRTHPLAC	r country)	Ger	minax i	2006	Name of operation			
7	15. MAIDEN N.	AME II		obina		23. If death was due to external causes (VIOLENCE) fill in also the following:			
HER	16. BIRTHPLACE (city or town)					Accident, suicide, or homicide?			
d			Tapy A.	- I11	(mifa)	Where did injury occur? (Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.			
MOTHER		777	Transfer t			-			
MOTHER.	(State o	DUTE		Date Ma	rel 7 1933	Manner ot injury			
17.	(State of INFORMANT (Address) BURIAL, CREMA	DUTE		Date Ma	reh 7 , 1933				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

  11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-1. PLACE OF should County Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) 02 How long in U.S. if of foreign birth? \_\_ Length of residence in city or town-where death occurred PHYSICIAN RECORD. (a) Residence; No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, DLVORCED (write the word) assified 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from (or) WIFE of PERMA 国 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Oavs. If LESS than to have occurred on the date stated above, atproper I day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: or .... min. Date of onset 8. Trade, profession, or particula NO kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ..... OCCUPAT may back 9. Industry or business in which work was done, as SILK MILL, should SAW MILL, BANK, etc ... on 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this eighteen months ov& B year) occupation. instructions Other Coatributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) supplied plain terms, ER 13. NAME ATHE See 14. BIRTHPLACE (city or town) (State or country) efully Was there an autopsy What test confirmed diagnosis? 0 15. MAIDEN NAME 署 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT should be car Accident, suicide, or homicide? .... import 16. BIRTHPLACE (city or town) (State or country) Where did injury occus (Specify city or town county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation LION Nature of injury 24. Was disease or related to occupation of deceased? If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

BINDING

RESERVED

IARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II			
The principal cause of of importance were as f	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	APO 4 1089	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephric	tis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	BURRAU V. S	July 5,1927	Peritonitis	3 days ago		
Other contributory caus	ses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
	-					

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(ISI)
County Ballinova	Registration Dist. No.
Village or City & Leckleysville	_NoSt.,Ward
Length of residence in city on town where death occurred 30 yrs mo	f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. If of foreign hirth?yrs
2. FULL NAME LEONIS WM	1 md.
	Comas.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, PROVORCED (*write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widewed, or divorced HUSBANO of	
(or) WIET Mary & / Clowas	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) afr 30-1854	I last saw h Lim alive on Mels . 6
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at
78 10 13 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Milval Reguest store Turken
kind of work done, as SPINNER, /towner SAWYER, BOOKKEEPER, etc/towner Andustry or business in which	11
work was done, as SILK MILL, SAW MILL, BANK, etc.	V. V.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10, Oate deceased last worked at this occupation (month and year)  Occupation  Occupation	
12. BIRTHPLACE (city or town) Many land	Other Contributory Causes of importance: - Chronic Julia Tilials Nephritis Prehim
13. NAME Jackson Mallomas	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) / Maryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UUKKowy	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Willows  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury
(State or country) WKWown	Where did injury occur?
17. INFORMANT MS LES W McCome. (Address) The desired the	(Specify city or lown, county and Stale) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Huck Claude Oate MM 18, 1973	Nature of injury
19. UNOERTAKER EALL Alphons (Address) Lawrykland nud	24. Was disease or Injury In any way related to occupation of deceased? No
20. FILEO mah 16-, 198 3 Q & Foroth m, 10.  Registrar.	(Signed) Edgar M. Dush M. O (Address) Hansfieles de Mid
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-----------	---------	------------	----	-----------

PERMANENT RECORD. Every item of infor-	HEXACTLY. PHYSICIANS should state	rly classified. Exact statement of OCCUPA-	cate.
V SI SI	be stated	be prope	of certific
N. B.—WRITE PLAINLY, WIT, UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

20	1	1		4	0
U	~	(	1	-	9

1	. PLACE OF	F DEA	TH			(131)	
	County	Ral	timore			Registration Dist. No. 4	3
			Raspet	death occurred 55	(If	ND. St., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth? yrs. m	Ward number)
1	2. FULL NA	VIE	Ella Jan	e McCorm	ick		
				ck Ave. (Usual place		St., Ward.  If nonresident give city or town and	State
amento.	PERSON	AL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Female	4. COLO	or or race	5. SINGLE, MAR OR DIVORCE Widowed	RRIED, WIDOWED, D (write tha word)	21. DATE OF DEATH  Yarch 8  (Month) (Day)	, 193 3 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of		les J. Mc	Cornick		22. 1 HEREBY CERTIFY, That lattended Feb. 26 ,19 33 ,to Varch 8	19. 33
6.	DATE OF BIRTH	month, da	y, and year) Ju	ly 23, 1	856	Hast saw h.er alive on March 7 , 19 33	; death is said
7.	AGE Yea	rs 6	Months 7	Days 15	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at 12:05 m.  The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Date of onset
-	9. Industry or work was SAW MILE. Date deceas this occu	work done, BDDKKEI businass in s done, as L, BANK, ed last wo pation (mo	as SPINNER, EPER, etc	11. Total sp.	in own time (years) not in this upation	Chronic Diffuse Nenhritis  Other Contributory Causes of Importance:  Arteria - Sleroses	1327 not
FATHER		(city or to	John Lam	hright Marylan		Name of operation	
HER"	15. MAIDEN NA		Unknowi		11(1	23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOT	16. BIRTHPLACE (Stata or	country)	F	nnsvlvani Pennsvlva ck	e nia	Accident, suicide, or homicida?	le)
18	BURIAL, CREMAT	0		inter many	ch 10,33	Manner of injury	
-	. UNDERTAKER / (Address)	redb	1933	fort de	M X Registrar.	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

S. No.

02620

(93-6)			00000
	Registration	Dist No 3	3
No. leath occurred in a hospital or instit	Julian give its NAM	St.,	. Ward
ds. How long in U.S. if			
Well	or rorongii mirrii.	- JIV	mos. us.
-11/ luy.			
St., Ward.			
	If nonresident	give city or lown as	nd State
MEDICAL C	CERTIFICATE	OF DEATH	
21. DATE OF DEATH	A		
	Vineta	20	, 193 3
	(Month)	(Day)	(Year)
22. IHEREB	YCERTIF	Y That I attende	d deceased from
	,19 33, to 2		
		19 ,19 3	
I last saw h alive on			: death is said
to have occurred on the date state			
The PRINCIPAL CAUSE OF DEA were as follows:	ATH and related caus	es of Importance	Date of onset
			Date of onset
myo	2 acrolad	20	
		1.17	HER THE SECOND
	*****	Name and Address of	***
Other Contributory Causes of imp	portance:		
	- 7)		
arleno-	a strong	0	2700
			1
Name of operation		Date of	
Whal lest confirmed diegnosis?			
23. If death was due to external ca	auses (VIOLENCE) fi	ll in also the followi	ng:
Accident, suicide, or homicide?		Dete of injury	19
Where did injury occur?			
Specify whether injury occurred	(Specify city or in INDUSTRY, in HD	town, county and St	LACE.
		,	
Mannar of injury			
Manner of injury			
Neture of injury			: <u></u>
Neture of injury  24. Was disease or injury in any	way related to occup		
Neture of injury  24. Was disease or injury in any  If so, specify  (Signed) The Mar.	way related to occup		M. D
Neture of injury  24. Was disease or injury in any	way related to occup		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife nanswer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II	
The principal cause of death and relate of importance were as follows:	ed causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	R 103%	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MI W	July 5,1927	Peritonitis	3 days ago
Other contributory causes of important	ce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocuteritis	1 year

V. S. No. 1

CERTIFICATE OF DEATH  Registration Dist. No. 44
Pagistration Diet No. 355 U.S.
Registration Dist. No.
No St., V
(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long In U.S. H of foreign birth? 25 yrs. mos.
ke
St., Ward.  If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
22
19 33 to 20 7 33 . 19
I last saw h alive on , 19 , death is
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:
Carcles - basculas - unal up
diene 19
- Lander and the second
No.
Other Contributory Causes of importance;
Name of operation 2000 Dale of -
What test confirmed diagnosis? Latrutary Was there an autopsy?
23. If death was due to external causes (VIDLENCE) fill In also the following:
Accident, sulcide, or homicide?
Where did injury occur? (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Manner of înjury
Nature of Injury
24. Was disease or injury In any way related to occupation of deceased?  If so, specify
(Signed) Q. F. Rues
1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
1		BUREAU V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		RECEIVED	

BINDIN FOR supplied. UNFADING INK--THIS MARGIN RESERVED

σį

upplied. ACE should be stated EXACILY, PHYSI-terms so that it may be properly classified. Exact ee instructions on back of certificate. County Salto PERSONAL AND STATISTICAL PARTICU MARRIED Married WIDOWED. 3 SEX 4 COLOR OR RACE Male OR DIVORCED (Write the word) 6 DATE OF BIRTH De ceml 7 AGE 8 OCCUPATION (a) Trade, profession or particular kind of work Every Item of information should be carefully CIANS should state CAUSE OF DEATH in plail statement of OCCUPATION is very important. (b) General nature of industry important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

> Registration Dist. No. (If death occurred in e hospital or institu-tion, give its NAME in-

> > number.)

stead of street and

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH and 23, 1933
March (Month) 23 (Day) 1933 (Year)
17 . I HEREBY CERTIFY. That I ettended the decessed from
June 12 1929. to March 23, 1933
that I lost saw h Innalive on March 23, 1933,
and that death occurred on the date stated above, at 11. 45 A.m.
The CAUSE OF DEATH * wes es follows:
Pulmonary Tuberarlosis
/
(Duration) yts, mos ds.
Contributory
Secondary
(Duration)
(Signed) albert 7. Shrier M.D.
March 23 1933 (Address) Reistestown Mol.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place 3 yrs. 1 mos. 11 ds. In the State 15 yrs. mos. ds.
Where was disease contracted, Balto?
Former or usual residence 324 Rearl Balto. Md.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Hereur Cemetary 3-25 33
20 UNDERTAKER ADDRESS

If more banks are needed, address Ltate Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. I.

Mt. Pleasant Sanat.

Miller

(Year) If LESS than

I day hrs.

# REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more previous articles of the en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or Al Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, tion applies to each and every person, irrespective of nner, (b) Cotton mill; (a) Salesman, (b) Grocery, Foreman, (b) Automobile factory. The materia first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIStime and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, Whooping ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condicough; Chronic and consequences (e. g., sepsis, etc. The affection need not be valvular heart disease, contributory " Shock,"

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH (262)
1. PLACE OF DEATH	9420
County Baltimore 57	Registration Dist. No. 44
	No. St., War  If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? vrs. mos. d
	sds. How long in U.S. if of foreign birth?yrs mosd
2. FULL NAME Matilda Mohr	
(a) Residence: No. Stemmers Run (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  March 15, (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Nohr	22. MI HEREBY CERTIEY That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) June 13, 1868	I last saw h alive on 19 death is sa
6. DATE OF BIRTH (month, day, and year) JUNE 10, 1808  7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at 1:40A m.
64 9 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. At Home	Pilgina Pector
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this accupation (month and spent in this	
10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spant in this occupation	<del></del>
12. BIRTHPLACE (city or town) Unknown	Other Contributory Causes of importance:
(State or country) Germany	attens delerosis
置 13. NAME Unknown	
14. BIRTHPLACE (city or town) Germany	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Margaret Gahn	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). (State or country) Germany	Accident, suicide, or homicide?
17. INFORMANT Jacob Wohr (Address) Stemmers Run	(Specify city or town, county and State) Specify whether injury occurred in tNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place from Lutham Date March 17, 1933	Manner of injury
19. UNDERTAKER Frederick Localustan (Address) 7401 Belair Road	24. Was disease or injury lateny way related to occupation of deceased?  If so, specify
20. FILED meh 16, 133 John S. Connelly Registrar.	(Signed) M. (Address) M. (Address) M. (Address) M.
If more blanks are needed, address State Registra	T. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

# V. S. No. 1

N. B.—WRITE PLAINLY, WI

STATE OF	MARYLAND-CERTIFICATE C	F DEATH
1. PLACE OF DEATH	93 0	
County Balto.		Registration Dist. N

03429

1. PLACE OF DEATH	93 0
County Bulto.	Registration Dist. No. 444
Village or City Back Proces	No. Island Pt. Rd. St Word
(If Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Genevia mossbur	g
(a) Residence: No. Buck Reves (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Source of Divorced (write the word) Tamale Temple Templ	21. DATE OF DEATH Much (Day) (Year)
58. If married, widowed, or divorced  HUSBAND of  (or) WIFE of Joseph Mossburger	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 10, 1869	1 last saw h en alive on Murch 8, 1933; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, atm.
63 8 0 — 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Amservate SAWYER, BOOKKEEPER, etc.	Chroma Musacalt
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this pecupation (month and	
10. Date deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country)	Edema General Chadha
13. NAME - Neighert	
14. BIRTHPLACE (city or town) (State or country)	Name of operation the Date of
15. MAIDEN NAME Unknown	What test confirmed diagnosis? What was there an autopsy 200.  23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jeeph missburger (Address) Back Priver	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Late 1 Heart Date 3/13 , 1933	Nature of injury
19. UNDERTAKER John G. Connelly (Address) Cassey, md.	24. Was disease or Injury in any wey related to occupation of deceased?
20. FILED Mar, job 1953 John D. Cornelly Registrat	3/ (Signed) LATIS Villow M. D. 19/27 (Address M. S. Highland and M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY PHYSICIAN
--	------------	---------	-------------	------------	--------------

MARGIN RESERVED FOR BINDING

1	. PLACE C			JE MAF	KILAND-	-CERTIFICATE	OF DEA	0	2624
	County	Bal	timor	و			Registration	Dist. No. 3	1
		City zir				No. If death occurred in a hospital or inst			
2	Length of re	AME.	y or town where	+ (foe	1 //	os. ds How long In U.S.A.  Daylor  St., Ward.		.yrs.	
0.0	PERSO	NAL AN	D STATIST	ICAL PART	TICULARS	MEDICAL	CERTIFICATE	OF DEATH	
3. S	Fr.	4. COLO	R OR RACE		RRIED, WIDDWED,	21. DATE OF DEATH	mich (Month)	9th	, 193 <b>3</b> (Yeer)
5a.	If married, wido HUSBAND of (or) WIFE of	wed, or divo	bear			22. I HEBEB	YCERTIF	Y. That I attended	
6. I	DATE OF BIRTH	I (month, day	and year)	ich 9.	1933	Hast sawher alies on	20 moh 92	A . 19 23	; death is said
7. /	AGE Y	ears	Months 4 1/2 feets	Days	If LESS than I day, hr	to have occurred on the date sta The PRINCIPAL CAUSE OF DE were as follows:			Date of onset
CUPATION	SAWYE	work done, a R, BDDKKEE	as SPINNER, PER, etc which	XXX		Still bor	u		
00	10. Date deceathis occupear)  BIRTHPLACE ( (State er co	city or town).		1 31	I time (years) pant in this scupation X X	Diher Contributory Causes of in	portance:		
HER	13. NAME	7	West	ey ho	uglor				
FAT	14. BIRTHPLAC	CE (city or to or country)	wn). /3a	lto, c	o. md.	Name of operation		Date of.	autopsy?
MOTHER	- (	CE (city er to or country)	elyn &	rella (	Do Ind.	23. If death was due to external of Accident, suicide, or homicide?.  Where did injury occur?	(Specify city or	Date of injury	, 19
	(Address) BURIAL, CREMA	ATION, OR R	EMDVAL	a rage	-'l 11 3	Manner of injury			
19.	Place 9	0	cher	Date_///	ch. 11, 19.3	24. Was disease or injury in any	way related to occup	pation of deceased?	
20.	(Address)	10	1933 6.	6. Frot	al Registrar.	(Signed) Gyril (Address) Ly	Fowl	le m-1	M. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis	HERECEN/IEE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	THE APPLIES THE	July 5, 1927	Perilonitis	3 days ago
	BURBAU V. S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—intel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

2 4

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be calculy supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (2626)
1. PLACE OF DEATH	NI-0
County Saltmore	Registration Dist. No.
Village or City Amdalla	No.3 2062 Shaneway St., Ward death occurred in a hospital or institution, give its NAME instant of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. il of foreign birth? 4 8 yrs mos ds.
2. FULL NAME Frederick Wilhelm	n Mordt
(a) Residence: No. 3 2 06 m & Shaneway	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write they word)	21. DATE OF DEATH  Month  193  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of augusta Mondo	22. I HEREBY CERTLEY, That I attended deceased from March 30 1933 to March 5/ 1933
6. DATE OF BIRTH (month, day and year) Don 3 4 Million	tlast saw h im alive on march 31, 1933 death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at J=3.0 P.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER BOOKKEEPER etc.	I Ironcho- mermona 3-29-33
SAM MILL, BANK, etc.  10. Date descendation (month and	
10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Quantum	Other Contributory Causes of importance
(State or country)	
II 13. NAME UDONG Know	
4. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Characal. Was there an autopsy? Ho
15. MAIDEN NAME Don'S Know	23. If death was due to external causes (VIOL ENCE) filt in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Green Way	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place VNA Carmet Date ( pul 2 , 19.53.	Nature of injury.
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20 FILED 4 1 3 39 W M Datecckoting	(Signed) M.D.  (Address) Danadalls 722
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PART V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	her.
Gallstones	May 1,1923	Gastroenteritis	1 year.
			100

state OGCUPA. plnods itemen of PHYSICIANS CORD. Every statement Exact PERMANENT RE properly classified. BINDING EX certificate. FOR stated MARGIN RESERVED JO. it may See instructions on back should AGE so that Supplied. in plain terms, mation should be carefully TION is very important. OF DEATH WRITE PLA CAUSE

8

ż

1. PLA

Cour

Villa

Lengt

PEI

2. FUL (a)

3. SEX fema

5a. If married HUSBA (or) WI

6. DATE OF 7. AGE

OCCUPATION

NOT

8. Trad

9. Indu

10. Date

(Stat

12. BIRTHPI

ce of DEAT  ty Baltin  ge or City Tows  h of residence in cit	ore con, Mar	yland.	(16 yrs, 8 mos	Registration Dist. No. 30  No he poard & Enoch Pratt Hospital f death occurred in a hospital or institution, give its NAME instead of street and r 20. ds. How long in U.S. if of foreign birth?  yrs. me	Ward number)
Residence: No.	Washingt	On, D. C.	of abode)	St., Ward-	State
RSONAL AN	D STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
	or RACE		RIED, WIDOWED, O (write the word) Wed	21. DATE OF DEATH  March  (Month)  (Day)	, 193 33 (Year)
	ce D. 0	Connell (arch 8, 18		June 17 19 30, to March 6  I last saw h. 27 alive on March 6 19 33  to have occurred on the date stated above, at 8.25 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	, 19 33
e, profession, or pe ind of work done, a AWYER, BOOKKEE stry or business in york was done, as S AW MILL, BANK, e deceased last work deceased last work in a cocupation (mone ear)	s SPINNER, PER, etc which ILK MILL, tc ked at th and			Fracture due to excidental fall, on rug,	Date of greet 2-15-33
ACE (city or town)	Mic	chigan (Ma		other Coatributory Causes of importance: Senile Psychosis Fracture of Bight Femur	
		v York Sta	te	Generalized arterio-sclerosis	
DEN NAME F	anny (	?) Cook		23. If death was due to external causes (VIO) FNCF) fill in also the following	

FATHER 13. NAM 14. BIRT HER 15. MAII

A6. BIRTHPLACE (city or town) New York State (State or country)

Hospital Records. 17. INFORMANT (Address)

18. BURIAL, CREMATION, QR REMOVAL

(Address) 20. FILED March Manner of Injury right Nature of injury.

Where did injury occur? at Abaptad Pratt Hospital, Janson, (Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

24. Was disease or injury to any way related to occupation of deceased? If so, specify (Signed) Towson, Maryland. (Address) ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, unining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

Example II

· ·	1		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week age
Chronic interstitial nephritis	1921	Run over by street car	1 week age
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
,			

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
County OSallina	Registration Dist. No. 257
Village or City veneysull	ND. St., Ward
	os. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Mary Emme (	nker
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Jewell Colonel OR DIVORCED (write the word)	March 2/ 193 3 3 3 (Month) (Day) (Year)
5a If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Surey	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 2/1933	I last saw h an alive on march 2/ 1933 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 Pm.
100 oy 1 day,hrs	when se follows.
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of one et
SAWYER, BUUNNEEPER, BIC.	remarine Bully
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Leon Parker	
(State or country)	Name of operation Date of
15. MAIDEN NAME Jenerulle flall	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Mrs Leon Parker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manager of inlune
Place Whome Date Mar 221933	Manner of injury
19. UNDERTAKER U.C. Bush (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. March 2749 33 Bem	(Signed) B. Blumb M. D.
Registrar.  If more blanks are needed, address hate Reviewer.	(Address) Cacharagalla Mcf., 2411 N. Charles Street, Baltimore, Requesting U.S. No. V.
- The state of the	3 -4 - 10 County Direct, Danismore, Medicining O'Dr. 140. 4.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II			
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	1Ses Date of onset		
Arteriosclerosis	APR 7 1833	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	RUREAU V. S.	July 5,1927	Peritonitis	3 days ago		
Other contributory caus	es of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATI
--

02629

1. PLACE OF DEATH	80.0
County Gallynon	Registration Dist. No.
Village or CityMt. Casmel	No. St., Ward
Length of residence to city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joshua a . Ysn	904
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wor	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
6. DATE OF BIRTH (month, day, and year). Freb 7-180	22. I HEREBY CERTIFY. That I attanded deceased from  1 Mclu., 6, 1933 to Mclu., 14, 1933  Ilast saw have alive on Mclu., 1933; death is sald
7. AGE Years Months Days If LESS th	has been the date stated above, at all a series at the ser
7 ormin	THE PRINCIPAL CAUSE OF DEATH AND related causes of importance
8. Trada, profession, or particular kind of work dona, as SPINNER,	Hypuleysian Zyro
SAWYER, BOOKKEPER, etc	John alero Ocherson Zyes
work was done, as SILK MILL SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	elel.
12. BIRTHPLACE (city or town) W. Carriel (State or country)	Outer Contributory Causes of importance:  Outer Volume Thums vollage: 8 day
13. NAME Michael a & Priance	,
13. NAME Michael a Dringoy.	Name of operation
(State or country) Museland.	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Ellew E. Ophindles	23. If death was due to external causes (VIDL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Mt. Carnel	Accident, suicide, or homicide? Date of injury, 19
(State or country) Mary land.	Where did Injury occur?
17. INFORMANT Siling Propagas	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Parlston J. Mily  18. BURIAL, CREMATION OR REMOVAL	
Place Claur Juve Date Mar / 6, 19x	Manner of injury  Nature of injury
19. UNDERTAKER Edward a Stifston	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mah 15, 1933 C. E. Frotk M. 10	(Signed) Estaw My. Droll ., M.D.
Local Registra	(Address) f. Harrifisleade 1 Ma:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

ż

1. PLACE OF DE	ATH	Sh. Salila	TO DEATH USES
County/3_c	altim		Registration Dist. No. 44
Village or City	tenno	ess Run	No. Pope Cive. St., Ward
Length of residence in	city or town where	death occurred (	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs mos. ds
2. FULL NAME	Deine	2. Pleitt	er
(a) Residence: No.	-fo	De Cortes	St. Ward.
	- //	(Usual place of abode)	If nonresident give city or town and State
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemola 4. CO	LOR OR RACE	5. SfNGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word)	21. DATE OF DEATH (Month) (Dey) 193 (Year)
5a. If merried, widowed, or d	vorced	01',	
(or) WIFE of Coh	restron	. Pfeifer	HEREBY CERTIFY, That I stiended decessed from
6. DATE OF BIRTH (month,	dev. end vear)	Teb. 1 st 1865	I last saw h. S elive on 1923; deeth is sai
7. AGE Years	Months	Oays If LESS than	to heve occurred on the dete stated above, et
68	/	7 1 day,hr:	More as follows:
8. Trade, profession, or kind of work don	e. as SPINNER.	at Home	Date of one
SAWYER, BOOKK 9. Industry or business	in which		Dishifts Highligh
work wes done, a	s SILK MILL, K, etc		The state of the s
SAW MILL, BAN) 10. Date decessed last we this occupation (ryear)	nonth and	11. Total time (years) spent in this occupetion	trebal substitute 3/8 3?
12. BIRTHPLACE (city or tow	n) 7.		Other Contributory Causes of Importence:
(Steta or country)	Der	mary	year Jusolmy 1 hear 3/x 2
13. NAME	Zin	knoppa	
13. NAME  14. BIRTHPLACE (city or	town)	1,	Neme of operation
(State of country		1,	Whet test confirmed diagnosis?
15. MAIOEN NAME	21	nknow	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or		L7	Accident, suicide, or homlcide? Date of injury, 19
(State of Country		.1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Chry	stran	Lesfor	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR	REMOVAL	ers / Cin	
Place Lacred.	Heart	Date 3/14 / 1933	Menner of Injury
19. UNOERTAKER Joh	n G	· Connelly	24. Was disease of Injury In any way related to occupation of deceased?
(Address)	Coccay	mnd.	If so, specify
20. FILEO. 40.10	, 19.33 Joh	Registrary	(Signad) (Address) 6016 Western The Post . M. I
	If more	blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- T V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			i i

UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-

EXACTLY.

stated

AGE should

supplied.

mation should be carefully N. B.—WRITE PLAINLY, WIT

properly classified.

be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

is yery important.

TION

20, FILED

should state

PHYSICIANS Exact statement

of OCCUPA-

STATE O	F MARYLAND-	-CERTIFICATE OF DEATH 62631
1. PLACE OF DEATH		93-0
County Balfunore		Registration Dist, No. 4
Village or City Notels Co		No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d		ds. How long in U.S. If of foreign birth? wrs mos ds.
2. FULL NAME Sister M.	ary Sigbert Prels	ler
(a) Residence: No.		St., Ward.
(4) 1100140114011401141141	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  War.  (Month)  (Day)  (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	9	22. I HEREBY CERTIFY, That I attended deceased from  May 7 , 1931, to Was 11 , 1933
5. DATE OF BIRTH (month, day, and year)	eb. 22-1859	I last saw h. 12 alive on Mar 8 , 19 33; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1.50 P.m.
74 -	19 1 day,hrs.	more se follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Jeacher	Myocardial Decompensation Data of onsot
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Dato deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	efim ore	Deter Contributary Causes of importance:  Carterial Salerons leypentension
13. NAME Georg		
14. BIRTHPLACE (city or town)  (State or country)	Germany	Name of operation
15. MAIDEN NAME Barba	ra Doru	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)(State or country)	Germany.	Accident, suicide, or homicide?
7 INFORMANT S. Mary Cla (Address)	ia tertale Cliff his	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Potch Coliff- Mica	1 Date Mearch 14, 1933	Manner of Injury
19. UNDERTAKER Frank Que (Address) 9, 6 18 19	Jenk.	24. Was disease or Injury In any way related to occupation of deceased?  If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) F Y. That bettended deceased from and related causes of importance Date of onset 23. If death was due to external causes (VIOL ENCE) fill in also the following ..... Date of injury (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterities	1 year
		C. C	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPAof infor-1. PLACE ØF should Registration Dist. No item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) 200 Length of residence in city or town where death occurred How long in U.S. if of foreign birth? (a) Residence: No. 4 (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write therword) ATUL assified. (Year) 5a. If married, widowed, or divorced BINDIN HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than to have occurred on the date stated above, at. FOR stated 1 day. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. Date of opent 8. Trade, profession, or particular NO kind of work dona, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which PA pluods work was done, as SILK MILL. OCCU SAW MILL, BANK, etc .... 10. Date dacaased last worked at 11. Total time (years)
spent in this this occupation (month and that occupation Other Contributary Causes of imo 12. BIRTHPLACE (city or town) MARGIN (State or gountry) terms, HER 13. NAME See FATI 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? Invalcas WMM Was there an aulopsy? efull OTHER E 23. If death was due to external causes (VIOL ENCE) fill in also the following import 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury .... DEATH Σ (State or country) pe Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods very OF (Address) Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury in any way retated to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20 20. FILED .... 2 (Address) 346 Registrar. If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

: 4 :	STATE OF MARYLAND—	CERTIFICATE OF DEATH	2634
info sta UP.	1. PLACE OF DEATH	82-d.	0
7	county Kaltinots	Registration Dist. No.	30
should of OCC	Village or Gity & a tonselle of	re Nove From Hospitals, death occurred in a borpital or institution, give its NAME instead of street and	_Ward
t of it	Length of residence in city or town where death occurred 3_yrs_3 mos	/2	mos. ds.
Evel IAI mei	2. FULL NAME THEY END Rudoe	sk	
D. ] SIC tate	(a) Residence: No. 1640 P. Olare	Post St Ward Balto In	el
PHY xact si	(Usual place of abode)	If nonresident give city or town as	nd State
EC P Rac	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
LY. EY.	7. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Bay)	. 193 3 (Year)
fed	5a. If married, widowed, or divorced HUSBAND of		
A C assi	(or) WIFE of Cholse Lawrence Cusols	Nov 22 1929 to Mch	d deceased from
e GNE	6. DATE OF BIRTH (month, day, and year) OC+ 13/1876	t tast saw h alive on	: death is said
d d lerly cat	7. AGE Years Months Days If LESS than	to have occurred on the date slated above, at 7 - A .m	
IS A Pl stated broperly certificat	56 3 23 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10
C d d	8. Trade, protession, or particular kind of work done, as SPINNER,	0	Date of onset
be of	SAWYER, BDOKKEEPER, etc.	Droncho meumone	- 4de
ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
sh it it on h	U. Date deceased last worked at 11. Total time (years)		35
(2)	this occupation (month and year) spent in this occupation lunk	Dther Contributory Causes of importance:	
AGI so tha ctions	12. BIRTHPLACE (city or town) Daltmore	piner cauciously causes of miportance.	
s, s,	(State or country)	Lemplegia	mo
pplic erm. inst	13. NAME Coenty Everhart	4	
su in t	14. BIRTHPLACE (city or town)	Name of operation	
pla pla	(otale of county)	What test confirmed diagnosis?	
carefu TH in portant	15. MAIDEN NAME alice Wells	23. If death was due to external causes (VIOL ENCE) fill in also the followi	-
ca TH port	16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
be EA im	h 0 0 00	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC F	tate)
Should Should	17. INFORMANT Detars The Office	open, motive injury occurred in Theodrive, in Hemre, of ill roberto r	errot.
45	8. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
T13. 1-20	Place Loss ame Date 18 193	Nature of injury	
CAUSI	19. UNDERTAKER J. F. M. Gully	24. Was disease or Injury In any way related to occupation of deceased?	no.
EOF	(Address) 130 E. Frost and	If so, specify	and the same
	20. FILED 9/2 19 Defudien	(Signed) Sold, E. Jarrett	9 .M. D
	33 Short Registrar.	(Address) Catoring all	
	It more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.			N	
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI should Registration Dist. No. Village or City Dundalk (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS ds. How long In U. S. if of foreign birth? ...... yrs. ..... mos. Length of residence in city or town where deeth occurred statement (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. CDLOR DR RACE 5. SINGLE, MARRIED, WIDDWED. 21. DATE OF DEATH OR DIVORCED (write the word) mar (Month) assified. 5a. If married, widowed, or divorced HUSBAND of CERTJFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate. properly 7. AGE Years Months Days If LESS than stated 1 day, ...... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of enset 8. Trade, profession, or particular OCCUPATION be Jo kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc ..... may back 9. tndustry or business in which plnous work was done, as SILK MILL, SAW MILL, BANK, etc ..... 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation. instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) plain terms, FATHER See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? refully MOTHER 15. MAIDEN NAME NOSE 23. If deeth was due to external causes (VIOLENCE) fill in also the following: in important Accident, suicide, or homicide? \_\_\_\_\_\_ Date of Injury \_\_\_\_\_ 19 DEATH 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?. pe (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods (Address) 2004 OF T8. BURIAL, CREMATION, DR REMOVAL Manner of injury CAUSE TION 'is (arm mation Nature of injury 24. Wes disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20, FILED (Address) \_\_\_\_ Registrar.

BINDING

FOR

RESERVED

ARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

-10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, maehinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
		BECRIAGE	
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 yeor

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	---------	---------	------------	----	-----------

The state of the s

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. item Ward (If death/occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Longth of residence in city or town where death occurred SI If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (swrite the word) 12 manical (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from 22. (or) WIFE of 1933 to mel 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Davs to have occurred on the date stated above, at 1 day. The PRINCIPAL CAUSE OF DEATH and related causes of importance 01. min were as follows Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which may should OCCUPA work was done, as SILK MILL, SAW MILL, BANK, etc..... 1Q. Data deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation / Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 14. BIRTHPLACE (city or town) plain (State or country) Was there an autopsy? What test confirmed diagnosis? efully 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following tant Accident, suicide, or homicide? Date of injury DEATH 16. BIRTHPLACE (city or town) (State or country) unp Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) OF Manner of injury CAUSE mation Nature of injury LION 19. UNDERTAKER TEMES 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) ( 20, FILED (Address) Control Continue State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RINDIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	e I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SR 19 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	PRATT V. S	July5,1927	Peritonitis	3 days ago
Other contributory causes of im-	portance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gustroenteritis	1 year

	STATE OF MARYLAND-	CERTIFICATE OF DEATH	~ ~ ~ · ~ · · · · · · · · · · · · · · ·
1	. PLACE OF DEATH	(TSI)	
	County Salternase	Registration Dist. No.	
	Village or City Restantance (If	NoSt., death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?	ds
2	2. FULL NAME Martha G. Seal	4	
	(a) Residence: No. Rance	St., Ward.	455
	(Usual place of abode)	If nonresident give city or town and St	ate
2 1	PERSONAL AND STATISTICAL PARTICULARS  4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
4	ernale While. OR DIVORCED (write the word)	100 - 1 -	93.3 · (Year)
5a.	If married, widowed, or divorced	22. A) HEREBY CERTIFY. That Leattended de	reased from
_	(or) WIFE of late John Seal,	Zyarch 1 th 1933 to Warch with	, 19.8 X
6.	DATE OF BIRTH (month, day, and year) /850-2-//	I last saw h ly alive on Wood gett 1953;	death is sale
7.	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 _ Q_1_m.	
	83 1 2 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onsat
NO O	8. Trade, profession, or particular kind of work done, as SPINNER,		
	SAWYER, BOOKKEEPER, etc.	Hrruit Coma	dags! 1.
CUPAT	work was done, as SILK MILL, SAW MILL, BANK, etc.		
000	10. Date deceased last worked at this occupation (month and spent in this		
	year) occupation	Other Coutributory Causes of importance:	00
12.	BIRTHPLACE (city or town) Monroe Res. (State or country) W, Va	Chrown Juliah refut	
ER	13. NAME Undonwoon		
FATHER	14. BIRTHPLACE (city or town)	Name of operation Date of	
	(State or country)	What test confirmed diagnosis? Was there an au'	opsy?
HER	15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury	, 19
2	(State or country)	Where did injury occur? (Specify city or town, county and State)	
17.	(Address) Restistoner mid,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place monly oney omary mar, 7=, 1933.	Nature of injury	7700100
19.	UNDERTAKER & . M. Skaltz,	24. Was disease or injury in any way related to occupation of deceased?	0
	(Address) Writield And.	If so, specify	
20.	FILED Mich 50 19 13 3 Stouslast	(Signed) 1 1 1 A Augh flushed luch	M. D
	Registrar.	(Address)(LIO \ 1. Face   Address   Zame	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ated causes Date of onset
1 week ago
3 days ago
nce:
1 yeur

ESERV

ARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specimeance without more precise specimene, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a engineer, Stationary fireman, etc. But in many For many occupations a single word or term on yrs). For persons who have no occupation Compositor, Architect, (a) the kind of work and also (b) the Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus, Quarge,
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage " "Marasmus," "Old Age," "Shock, Chronic etc. valvular heart Nomenclature of the The contributory Always qualify all not be disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY, WIN UNFADING INK-THIS IS A PERMANENT RECORD, Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WIT V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(178)
County Ballemore	Registration Dist. No. 30
Village or City Calonsuelle Zuol	No. mable an St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign blrth? / yrs. // mos ds.
0 1. 0 1 . 0 .	A
2. FULL NAME CHARLY FARME SEL	Ch. Word
(a) Residence: No. Washing (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Security  Se	21. DATE OF DEATH march (Month) (Dey) , 193
5#. If merried, widowed, or divorced HUSBAND of (or) WIFE of Susple	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, end yeer) 3- 1931 7. AGE Yeers Months Days If LESS than	to heve occurred on the dete steted above, et. 330 Pm.
8. Trede, profession, or perticuler kind of work done, as SPINNER,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of onest  Date of onest
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Oete deceased last worked at this occupation (month end	est a spring
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oete deceased last worked at this occupation (month end year) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Caltroulle Wed	Other Contributory Causes of Importence:
	Caroner Case 5
13. NAME  14. BIRTHPLACE (city of lown)  LLL	Neme of operation
(State or country)	What test confirmed diagnosis? Was there en aulopsy? Au
16. BIRTHPLACE (city or town).	23. If deeth was due to externel causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Add due force of injury Accident, Swingles
17. INFORMANT Ely abell Seemain (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
stpartituy number 10 Dete // (20 10, 1923)	Neture of Injury
19. UNDERTAKER Conston Sono (Address) Ellicott City	24. Wes disease or Injury in any wey related to occupetion of deceased? West If so, specify
20. FILED 3 Registrar.	(Signed) Marshall 13 with M.D.  (Address) Calonnelle red
If more blank are needed address State Registrar	2412 N. Charles Street Relainage Pagneting 91 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
BUSINES			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	ws:	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	EURMAU V				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLAINLY, WI. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	n 23.
County Dalliman	Registration Dist. No.
Village or City & vung	No. St., Ward
Length of residence in city or town where death occurred Donty's Howamon	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Walter Clay Stain	4)
(a) Residence: No. Buring mo	St Ward.
Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) / (Day) (Year)
HUSBAND OF Jusie Bolines	22. CHEREBY CERTIFY. That I attended deceased from 26th 1933, to March 2 1933
6. DATE OF BIRTH (month, day, and year) Dec. 28, 1878	I last saw h/M elive on 3 6 19 33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 A. m.
6-5- 2 9. Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Carfuster, SAWYER, BDOKKEEPER, etc.	(l) ata of onsat
	screval semosshage
andustry or business in which work was done, as SILK MILL. Murky Hoshital	
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (moths and 5-, 933 occupation 3 5 42	
ant C.	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town).	44 ferrances
13. NAME Joseph F. Shipley.  14. BIRTHPLACE (city or pown) M. C. airy	Cycle with tellions
14. BIRTHPLACE (city or pown) ML airfy	Name of operation Date of
(State or country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Mary a. Harrison	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary a. Harrison	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. Mrs. delly Dandson (Address) West main stor mg.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATIAN, OR REMOVAL A	Manner of injury
Place Bathel Ceme Wayoate Mury 9, 19 33	Nature of injury
19. UNDERTAKER I Blryman + Sons (Address) Rive ters town mid	24. Was disease or Injury In any wey related to occupetion of deceased?
20. FILED Mice 8th 1933 AT DESSELSO  Registrat.	(Signed) Zilling if the M.D.  (Address) M.D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	THE PER	Attack of epilepsy	1 week aga	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 1927	Peritonitis	3 days ago	
1 2281				
	FY	1		
Other contributory causes of importance	MA	Other contributory causes of importance:	HEALTH AND THE	
Gallstones	May 1,1923	Gastroenteritis	1 year	
(Socily sity of town, eventy stal Socie)				

-CERTIFICATE OF DEATH 02642
82-2
Registration Dist. No. 33
No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?yrsmos. ds.
van
St., Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH 2007. 23 193 3. (Month) (Day) (Year)
22.   I HEREBY CERTIFY, That I attended deceased from
3/8/33 19 10 3/23/33 19
1 last saw have alive on 3/23/33 ,19 death is said
to have occurred on the date stated above, et 9.44A.m.
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Central apoplery 3/8/32
70,
Other Contributory Causes of importance:
Name of operation 2001
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If deeth was due to externel ceuses (VIDLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?  If so, specify
(Signed) Clydet Lee &

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example Il	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE (	OF MARYLAND-	CERTIFICATE OF DEATH	02643
1. PLACE OF DEATH	121		1/1/
County	212	Registration Dist. No. 7	
Village or City // With	own	No. St	.,Wa
Length of residence in city or town where		If death occurred in a hospital or institution, give its NAME instead of streets.  ds. How long in U.Seit of foreign birth?yrs.	mos.
2. FULL NAME Still	from rufant.	· (Vinns)	
(a) Residence: No.		St., Ward.	
DEDGOMAL AND STATIST	(Usual place of abode)	If nonresident give city or tow  MEDICAL CERTIFICATE OF DEAT	THE RESERVE
PERSONAL AND STATIST		21. DATE OF DEATH	H
3. SEX 4. COLOR OR RACE Whate	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Oay)	, 193 (Year)
5A If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I alte	ended deceased for
6. DATE OF BIRTH (month, day, and year)	Mar 310 , 033	, 19, to	. 19
7. AGE Yeers Months	Oeys II LESS then	to heve occurred on the dete steted above, atm,	, , , , , , , , , , , , , , , , , , , ,
	1 dey. hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, profession, or particular kind of work done, as SPINNER,	1 101 -2 11111.	of the transfer of	Date of on
SAWYER, BOOKKEEPER, etc.		Mai com mijor	
work was done, as SILK MILL, SAW MILL, BANK, etc	7227	13 mo	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and year)	11. Total time (yeers) spent in this occupetion		
12. BIRTHPLACE (city or town) North (State or country)	- Pour med	Other Contributory Causes of Importance:	
1 1/10	unuz-		•
I Ca	diana		
14. BIRTHPLACE (city or town)		Name of operation Date Whet test confirmed diagnosis? Was ther	
15. MAIOEN NAME (OO) A /	Clark	23. If death was due to external causes (VIOLENCE) fill in also the fol	
15. MAIOEN NAME ON A M	Penna.	Accident, suicide, or homicide? Date of Injury	
(Stete or country)		Where did injury occur?	
17. INFORMANT Cana M S (Address) north	Pour met	(Specify city or town, county ar Specify whether injury occurred in INOUSTRY, in HOME, or to PUBL	IC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	7 las 11 - 1	Manner of injury	
Plecellut to	Date 19	Neture of injury	
19. UNDERTAKER anatomoal (Address)	Laboratory	24. Was disease or Injury in any way related to occupation of decease	d?
20, FILEO Mar 3/ 1933 /1/	At Clemica In	(Signed) J. H. Jamies	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, unining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
THE REAL PROPERTY.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1 2 -	STATE OF MARYLAND—	CERTIFICATE OF DEATH	44
infor stat UPA	1. PLACE OF DEATH	70)	2 4
	County Deltemore	Registration Dist. No. 50	
should of OCC	/ Villago CHUPO a Lange 100 At	Home Trovelosfilat	Ward
- 00	/ Length of residence in city or town where death occurred yrs,mos.	death occurred of a hospital or institution, give its NAME instead of street and num  ds. How long in U.S. if of foreign birth?  yrs. mos.	ber) ds.
	0 01. 0.	(Jacob Henry Sinnot)	
2 7/	2. FULL NAME HOOF Hanny Un	6900 100	1
RECORD.  PHYSI  Exact :: 4a	(a) Residence: No. 1264 (Usual place of abode)	If nonresident give city or town and Sta	le
PHY	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
£ 3 .	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	(Year)
ACT	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Planck burn	22. I HEREBY CERTIFY, That I attended dec	eased from
cla X	Que 81,800	0 . 100 32	eath is said
PE d E	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, av 2 3 9 m	
IS A PE stated E properly certificate	78 8 17 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	ate of onset
HIS he so of co	8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Roych Was done, as SILK MILL, Roych Was done, as SILK MILL, Roych	- P D	11111111
ould may back	9. Industry or business in which work was done, as SILK MILL, Porch Yard SAW MILL, BANK, etc	dobat Incermonea	3day
INE INE	SAW MILL, BANK, etc	2	
DING L AGE so that	Back-	Other Contributory Causes of importanca:	
A. So uct	12. BIRTHPLACE (city or town) (State or country)	Benilit-	5-91
VF.A	13. NAME Dang 7. Demont	a de la companya de l	y.L
te te p	13. NAME Ward t. Elemont  14. BIRTHPLACE (city or town) Balto.	Name of operation	
rr Illy s plain . Se	(State or country)	What test confirmed diagnosis?	psy7
Wr efull in pl	15. MAIDEN NAME Porcesa Haine	23. If death was due to extarnal causes (VIDLENCE) fill in also the following:	
INLY, W be carefu EATH in important	5 16. BIRTHPLACE (city or town) Sacho.	Accident, suicide, or homicide?	., 19
NE be SAT mp	(State or country)	Where did injury occur? (Specify city or town, county and State)	
A DI V	17. INFORMANT Mo Mangarer Hale (Address) 1264 Washington Bard	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
E OF is ver	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
	Placedon Park Cem. Date, Net 28, 1933	Nature of injury.	1000000
WRITE mation s	19. UNDERTAKER FOR SOOK	24. Was disease or injury in any way related to occupation of deceased?	10
22	(Address) 1003 ( Balfino L of	If so, specify	10011000
(1)	20. FILED 19 19 Registrar.	(Signed) V BUDT , Jarrell (Address) Carton such la day	M. I
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	- 1021	Run over by street car	1 week aga	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	eq	
Gallstones	15 4 4000		13.5	
Chatistones	May 1,1923	Gastroenterilis	1 year	

should state of OCCUPA-

Exact statement

$\cup$
Z
А
R BIND
SI
-
2
FOR
T.
片
<b>H</b>
~
2
RESERVED
24
4
65
MARGIN
V
3/

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS

N. B.—WRITE PLAINLY, WI

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

8	į.		í.			a	~
-81						9	
		7		٠,	7	ĸ	17

1. PLACE OF DEATH		<u> </u>	
County Baltimore		Registration Dist. No. 30	
Village or City Catonaville  Length of residence in city or town where death o	(I	No. 127 Winters Ave. St.,  If death occurred in a horpital or institution, give its NAME instead of street and num  s. ds. How long in U.S. if of toreign birth? yrs. mos.	Ward
	evens Smith		
(a) Residence: No.	Usuai place of abode)	St., Ward.  If nonresident give city or town and Sta	ate
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female Colored OF	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Married	21. DATE OF DEATH S (Month) (Dey)	93 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	nith	22. I HEREBY CERTIFY. That i attended dec	
7. AGE Years Months 55	27, 1877  Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at _ 4 • QQA em.	deeth is said
Industry or business in which	ormin.	were as follows:  Interstitial Nephritis	ate of onset
10. Date deceased last worked at this occupetion (month and yeer)		Other Centributery Causes of importance:	
12. BIRTHPLACE (city or town) New Kent, (State or country)	ya.•		
13. NAME William Henry Brown 14. BIRTHPLACE (city or town) New Ke			
(Stete or country) Va.		Name of operation Date of Was there an eulo	
15. MAIDEN NAME Sophia Lewis		23. If deeth wes due to external causes (VIOLENCE) till in also the following:	
16. BIRTHPLACE (city or town) New Kei	nt	Accident, suicide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and State)  Specity whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE	*************
(Address) 127 Winters Ave., (		Manage of Injury	
Plece Western Star Cem. Determine 19. UNDERTAKER Joseph A. Lively (Address) 403 N. Mount St.,	Balto. Md.	Neture of injury  24. Wes disease or Injury in any vary releted to occupation of deceased?  If so, specity  (Signed)	M D
20. FILED March 6 , 19.33 H. C.	Androne Registrar.	(Address) 700 Tafayette Ave.	IVI. U

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grecery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, astherie, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example To	T WIND	Example II	-
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		M-R	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

authorization of athetern of husband's name phone call from to broke of 1/2

PLACE OF DEATH STATE OF MARYLA County Ballimore CERTIFICATE OF DEATH Registration Dist, No. (If death occurred in Ward) a hospital or institution, give Its NAME is -Robert Frank S. stend of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Widower 4 COLOR OR RACE | 5 SINGLE. 3 SEX 16 DATE OF DEATH March 4, 1983. y be OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Day) 7 AGE IIfLESS than and that death occurred on the date stated above, at. The CAUSE OF DEATH \* was as follows: ds. or min.? acute Coaronary Embolion BOCCUPATION ter (a) Trade, profession or particular kind of work Several attacks wher period (b) General nature of industry business, or establishment in 2 which employed or (employer) Contributory Chronic Degenerative 9 BIRTHPLACE misocarocitis Secondary (State or country) ARGI maryan (Duration) yrs. mos. ds. 中国 DO 10 NAME OF FATHER 0 19233 (Address) Coclonow 11 BIRTHPLACE ENT \*State the Disease Causing Death, or, in deaths from S CO Violent Causes, state (1) Means of Injury and (2) Whether TION (State or country) anyl com Accidental, Suicidal or Homicidal. œ 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE OF MOTHER (State or country) hould at of O Where was disease contracted, if not at place of death? .... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence NNS teme DATE OF BURIAL Ever CIAI stat Filed C are needed address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Solesman. without more precise specification as Day 6) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The material -Coal mine, etc. Wom-Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by "Exhaustion," "Heart failure," "Havinanition," "Marasmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n : ture of the injury. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; 1. (secondary or intercurrent) affection need Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condi . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY ascertained as the cause. Always qualify al interstitial nephritis, Chronic Carcinomo, Sorcoma, etc., of :hopneumonia (secondary); etc. valvular heart disease, The contributory "Shock," not be

If this certificate is looked cover thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fited.

N. B.—WRITE PLAINLY, WI UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING

County Salten	· ni	Registration Dist. No.	
Village or City Village or City or town where de	us Relay me		War
2. FULL NAME (a) Residence: No. Maiss of	0 .	retes	Janes.
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day)	193 3 (Vest)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary	E. Sparks.	22. I HEREBY CERTIFY. That I attended of August 1933, to March	7., 19.3
6. DATE OF BIRTH (month, day, and year) MAC. 7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, at 10 R m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date otone
8. Trade, profession, or particular kind of work done, as SPINNER, by SAWYER, BDDKKEEPER, etc	Response	The state of the s	Jept. 4
12. BIRTHPLACE (city or town) Balta (State or country)	s. Md.	Other Contributory Causes of importance:	19 - 1
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	la mo	Name of operation Date of What test confirmed diagnosis? All have far Was there an as	1.4.3.1.
I	Kunen	23. Il death was due to external causes (VIDLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT Mus. Blanch	1 = 2 0 1	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
(Address)  18. BURIAL CREMATION DE REMOVA	Date Mas. 10, 1933		
19. UNDERTAKER Cycles Fee (Address) 7008 M	oth ave.	24. Was disease or injury In any way related to occupation of deceased?	
20. FILEDMCL 7, 1833 /	Jo Mir Registrar.	(Signed) #8/arson (Address) Halethorpe m.	/ M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago
		1 week ago
July 5, 1927	Peritonitis	3 days ago
	GBAIGORIA	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

S. No. 1

	STATE OF MARYLAND	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	
/	CountyBaltimore	Registration Dist. No. 32
	Village or City Pikesville	No. 606 Military Ave. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city of town where death occurredyrs,mos.	
2	FULL NAME I USSELL & Raul	Sug
-	(a) Residence: No. 608 Military Ave.	St., Ward.
-	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH  March 18  (Month)  (Pay)  (Year)
5a.	If married, widowed, or divorced HUSBAND of	22 I LIED ED V. CED TIEV This I made
	(or) WIFE of	22. I HEREBY CERTIFY. That attended deceased from the J 1933 to the 18
6 [	DATE OF BIRTH (month, day, and year) warch 5 1933	Hast saw have alive on luck /7 1932 death is said
7. /		to have occurred on the date stated above, at 7190 m
	/3 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
z		he auflite Closer Faran
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Onde mal 5
JPA	9. Industry or business in which work was done, as SILK MILL,	THE STATE OF THE STATE OF THE PARTY
CCL	SAW MILL, BANK, alc	THE AMPLETE CLESUR & POSAMEN)
0	this occupation (month and spent in this year) occupation	CONTE
	71.0.	Other Coutributory Causes of importance:
12.	(Stata or country)	
ER	13. NAME William Spaulding	
FATHER	14. BIRTHPLACE (city or town) May Cross	Name of operation
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Clara Virginia Russell	23. If death was due to external causes (VIOLENCE) fitl in also tha following:
OT	16. BIRTHPLACE (city or town) Baltimore	Accident, suicide, or homicide?
Σ	(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT Mr. William Spaulding (Address 606 Military Ave., Pikesville	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	PIACUT CLOVE CO DATE MAN. 20"1933	Manner of injury
	the the	24. Was disease or injury in any way related to occupation of deceased?
19.	UNDERTAKER 1003 W. Baltimore St.	If so, specify
	9884.11	(Signed)
20.	FILED 3 20 , 1933 Mr. C. C. Vichels Registrar.	(Address) 4 509 Jehnle Age
-		

CTATE OF MADY AND CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chemic intentified ventritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ORD. Every item of infor-

should state

PHYSICIANS

stated EXACTLY. properly classified.

AGE should be

supplied.

mation should be carefully

-WRITE PLA

B. ż Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Balto	Registration Dist. No.
Village or City Wear Dover	No. St., Ward
12.7/1	f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. It of foreign birth? yrs mos ds.
(a) Residence: No. They by Lyndon Z	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DINORCED (2017) the word)	21. DATE OF DEATH  Month  193  (Year)
5e/If married, widowed, or divorced HUSBAND of (or) WIFE ot	22. I HEREBY CERTIFY, That I ettended deceased from 1937, to March 50, 1939
6. DATE OF BIRTH (month, day, end year) 3/30/33	I test saw h alive on Alexander 19; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to heve occurred on the date steted above, at
Menatury 4/2 Zeor min.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decesed last worked at spent in this securation (month and spent in this	Pelinstrus 44 month
SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and yeers) yeer)  11. Totel time (yeers) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Batto G (State or country)	Dither Contributory Causes of importance:
13. NAME & ED. They fruit	
13. NAME E CO TO STATE OF THE S	Neme of operation Date ot  Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Ela Vista Kalters	23. If death was due to externel causes (VIOL ENCE) fill in also the toltowing:
15. MAIDEN NAME Visitable  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of injury
17. INFORMANT The Vista of Links (Address) Pleased in Early	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PtaceDete19	Nature of injury.
19 UNDERTAKER Propries (Address)	24. Was diseese or injury in any way related to occupation of deceased?  If so, specify
20. FILED THE 31, 19 43 Dt 12 flat	(Signed) A. J. Physhylled Men. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Data of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

	 	_

Vi

PARENT

14

15

PLACE OF DEATH
County Baltimore
The state of the s
lage or City Catorisville (No. 4
2 FULL NAME Cawling E. F.
PERSONAL AND STATISTICAL PARTICULARS
Leman while S SINGLE, MARRIED, Swor OR DIVORCED (Write the word)
DATE OF BIRTH
(Lighth) (Day)
III LES
61 yrs. 6 mos. 3 ds. or
OCCUPATION  a) Trade, profession or articular kind of work  b) General nature of industry usiness, or establishment in which employed or (employer)
(State or country) Philadelphia Pa
10 NAME OF Herman Poettger
OF FATHER (State or country)
CF MOTHER Caroline Duckstein
13 BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Leona Mosely Smit
(Address) Frederick Rd & Poplar Le

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. a hospital or institution, give Its NAME Instead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month)-I HEREBY CERTIFY, That I attended the deceased and that death occured on the date stated above, at ESS than ay hrs. ....min.? Contributory Secondary \*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Transients or Recent Residents) At place In the State. of death mos. yıs. .... mos. Where was disease contracted, if not at place of death? Former or usual residence DATE OF BURIAL

802 Madison (

Registra

If more blanks are medget, andress State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(120)

(Year

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescroation is very important, so that the relative health tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plunter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed en at home, who are worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House hou shold only to a paid Housekeepers who receive a business, that fact may be indicated thus; Farmer (rewhatever, write Nonc. report specifically the occupations of persons en-Foreman, engineer. Stationary fireman, etc. But in many For many occupations a single word or term on or At Home, and children, not gainfully em-MOTIN yrs). For persons who have no occupation without more precise specification as Compositor, Architect, (a) the kind of work and also (b) the a e engaged in the duties of the Laborer-Coal mine, etc. Woln-Locomolive engineer, (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopmeumonia ("Pneumonia,")

"( Uraemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," Chronic interstitud nephritis etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin: "Cancer" is less definite: avoid unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); Measter; "Putreeral septicaemia," "Puerteral peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" merely symptomcan be ascertained as the cause. Whooping as fracture of skull, and consequences (e.g., sepsis, tatunus) may be stated under the head of "contributory". curbalic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HONICIDAL, State cause for which surgical operation was underdiseases approved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway truin American Medical Association.) "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath, 29 ds.; Bronchopmeumonia (secondary), FOR VIOLENT DEATHS State MEANS OF INJULY resulting from ehildbirth or miscarriage as cough; by Com...ittee on Chronic valiular heart disease; Nomenclature Always qualify all

If this certificate is hoked over thoroughly and all questions answered in detail, it will prevent further correspondence. .. . 'he data is essential and must be obtained before the certificate is permanently filed.

	1 9 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	652
	sta P.	1. PLACE OF DEATH	(Fig)	
10	ould occi	County Daltmore	Registration Dist. No.	0
	should of OCC	Village or City Catorwille (If	No. Abrena Grova Hoa S. ed death occurred in a hospital or institution, give its NAME, instead of street and r	Ward
	. 70	Length of residence in city or town where death occurredyrs,mos.	12 ds How long in U.S. if of foreign birth? yrs. mc	os. ds.
	Every ICIANS tement	2. FULL NAME John Book Still	as (Imith)	
	0.22 6	(a) Residence: No. Iglahart mu	St., Ward.	
	COR.	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
U	REC P Exac	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
- 1-	E7	male white Single, MARKED (write the word)	Month (Day)	, 193 <u>3</u> –
NG	CT CT I	5a. If marriad, widowed, or divorced HUSBAND ot	22.   HEREBY CERTIFY, That I attended	deserved from
DI	A Cassi	(or) WIFE of lingle	22. I HEREBY CERTIFY, That I attended  Meh 3 1933 to Meh 15	
BIN	E CL	6. DATE OF BIRTH (month, day, and year) Juny 15 4/910	liast saw h alive on much 15 1933	
H	IS A PE stated E properly certificate	7. AGE Years   Months   Bays   If LESS than	to have occurred on the date stated above, at 10 4 m	
OR	ate ope	23 2 0 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
IT.	2.0	8 Trada profession or particular		Data of onset
ED	he pe of	SAWYER, BOOKKEEPER, etc. Collage Mudam	f Pop D	
R	ould may back	kind of work done, as SPINNER. Callage Uticland SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	dobar meumonia	2 day
SEI	She sho on b	(1 10 Data deceased last worked at 11 Total time (vence)		-
国		this occupation (month and year)		
I R	NFADING plied. AGI prims, so that instructions	12. BIRTHPLACE (city or town) Canapo Co	Other Contributory Causes of importance:	
GIN	FAD ied. ms, s struc	(State or country) 2nd	Dementia race ox	24
R	UNF upplic term term	13. NAME William d. Stiles	with manic phase	
MA	suppli suppli in tern See ins	13. NAME Williams, Stelles  14. BIRTHPLACE (city or town) Save automo, Deces	Name of operation Date of	
	N air	(State of County)	What test confirmed diagnosis? Was there an a	autopsy?
	WIT efull in pl	15. MAIDEN NAME Wary L. Beak 16. BIRTHPLACE (city or town) New Yark, City	23. If death was due to external causes (VIOLENCE) fill in also the following	Į:
	Y,		Accident, suicide, or homicide? Data of injury	, 19
	I Por	(State or country)	Where did injury occur?(Specify city or town, county and Stat	te)
	PLAI hould OF pr	17. INFORMANT Malker - Lalehark Station (Address) and brundel Co. Mich.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	ACE.
7	F=7 (f) 00	18. BURIAL, CREMATION, OB REMOVAL	Manner of injury	
1)	RIT tion USE UN i	Place Moline flytes Date. fly 1933.	Nature of injury	
111	-WRITI mation CAUSE TION is	19. UNDERTAKER Jym Cork	24. Was disease or injury In any way related to occupation of deceased?	20
No.	B.—	(Address) 1217 Ad Vaul XV	If so, specify	
vi.	ż	20, FILED 0 1, 193 THE Lander	(Signed) Voot C. Garnet	M. D.
P	FI	Registrat.	(Address) Caton Serve G. S. M.	
		If more blanks are needed, address Some Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1937	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ADD O 769	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	PERPEAR V	July 5,1927	Peritonitis	3 days ago
		24		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.—WRITE PLAINLY, WITH

County Ballecion	Registration Dist. No.
Village or City Seemlalk (II	No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmas	sds. How long in U.S., if of foreign birth?yrsmos.
2. FULL NAME auranda Ngra	Wark
(a) Residence: No. 66 / Osh Okep.	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Persole Whole S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH Man 8 , 193 3 (Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of	
(or) WIFE of Michael & Karr	1933 to March 8 193.
DATE OF BIRTH (month, dey, and yeer) acy 4-1856	I last saw here alive on March 8 , 1933; death is s
AGE Yeers Months Days If LESS than 1 dey,	to heve occurred on the dete steted above, ale
/6 / 7 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importanco were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coal of homes have
9. Industry or business in which work was done, as SILK MILL.	weeker nowouning !
SAW MILL, BANK, etc	
10. Date deceesed lest worked et this occupation (month end year)	
	Dther Coutributory Causes of importence:
(State or country)	
13. NAME Saul Trump	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diegnosis? Westhere en eulopsy?
15. MAIDEN NAME PRINCEL V-CINCE	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicido, or homicide?
INFORMANT Mis Oda B Stymps	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) & Mostly Charles Of M. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Councillaville Bro Man 9 740 3.	Nature of injury
UNDERTAKED John Jellrich	24. Was disease or Injury In any wey related to occupation of deceesed?  If so, specify
1/2/c/02 andres	(Signed) ANTELLY M
FILED. 7 8/5 D X//WWW.	(Address) A some of the Fred

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(If death occurred in

DATE OF BURIAL

# REVISED UNIT STATES STANDARD CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Asso.]

of the second statement. Never return "Laborer," "Foremau," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, amples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile nature of the business or industry, and therefore au additional line is provided for the latter statee. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, ning of illness. If retired from business, that fact DISEASE CAUSING DEATH, state occupation at beginonly (not paid Housekeepers who receive a defifactory. The material worked on may form part ment; it should be used only when needed. As ex-Stationary Fireman, etc. But in many cases, esirrespective of age. For many occupations a single The question applies to each and every person, healthfulness of various pursuits can be has been changed or given up on account of the Servant, Cook, Housemaid, etc. If the occupation persons engaged in domestic service for wages, as ployed, as At school or At home. Care should be taken to report specifically the occupations of work, or At home, and children, not gainfully emnite salary) may be entered as Housewife, Housewho are engaged in the duties of the household to know (a) the kind of work and also (b) the pecially industrial employments, it is necessary word or term on the first line will be sufficient, occupation is very important, so that the relative Statement of Occupation.—Precise statement of known.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid definite monia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of......(name origin)

"Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all disease resulting from the cause. "Cancer" is less for malignant (e. g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause of death approved by Comof injury and qualify as accidental, suicidal, Homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental geuital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conondary or intercurrent) affection need not be stated unless important. Example: *Meastes* (disinterstitial nephritis, etc. The contributory (seecough, Chronic calvular heart disease; Chronic mittee on Nomenclature of the American Medical the injury, as fracture of skull, and eonsequences earbolic acid-probably suicide. The nature of drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by was undertaken. For violent deaths state means tis," etc. State cause for which surgical operation as "Puerperal septicemia," "Puerperal peritonieases resulting from child birth or miscarriage, (secondary), 10 ds. Never report mere symptoms ease causing death), Association.) plasms); Measles; Whooping finite; avoid use of "Tumor" 29 ds.; Bronchopneumonia



1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Baltimare	Registration Dist, No.
1 , 40.00	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. 29 ds. How long in U.S. if of foreign birth?  yrs.  mos.  d
(a) Residence: No. 1629 Harfard ave (Saual place of abode)	Bashmar Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the wo	
Se. If merried, widowed, or divorced HUSBAND ot (or) WIFE of	22. HEREBY CERTIFY, That I attended decessed from the second state of the second secon
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS of the second of the s	l last saw h. elive on
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occupation (month and spent in this	L Pulmonary Tuberculous Cakes hook [Bilateral] Report 7 Heat. 8 cat.
12. BIRTHPLACE (city or town)  (Stete or country)  (Stete or country)	Other Cantributory Causes of importance:    Other Cantributory Causes of importance:
13. NAME James Tyson  14. BIRTHPLACE (city or town) Buy View ( (Stete or country) Cecil County, And	Neme of operation Tune Date of What test confirmed diegnosis? Chinical and Westberger en eulopsy?
15. MAIDEN NAME alice Typon  16. BIRTHPLACE (city or town) Bag Aiem  (State or country) Catal Country, Mr.  17. INFORMANT Suchtitutional Records  (Address) Rasewood State graining Sca	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
19. UNDERTAKER & Clime & Sons (Address) Rustustour Md	24. Wes disease or injury in eny wey related to occupetion of deceased? Zes.  1f so, specify (Signed) Thany G. Buller, M.D.
20. FILED 25 T. No Registr	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiul nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			3

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
All feller under Hade	4/28/33 for	aulhoresallon
to chance dote y Julian.	, , ,	
* 0 .0		
My a		

-	
ó	
Z,	
'n	
>	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3) 0265°
County Baltura	Registration Dist. No. 30 A
Village or City Coutouselle	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME White male 3 months in	Utero ) Faund on Valley Rel
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (water the word)	21. DATE OF DEATH  (Month)  (Day)  (Day)  (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That f attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
luh luh luh 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or parlicular kind of work done, as SPINNER,	Descourage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Mila .
work was done, as SILK MILL, SAW MILL, BANK, etc	3 hobilly missauloge
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town)	Diher Contributory Canses ol importance:
(State or country)	luh 18
13. NAME  14. BIRTHPLACE (city or town)  Lack	
14. BIRTHPLACE (city or town) (Stale or country)	Name of operation Date of Date of
	What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?
17 INFORMANT UILL (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 DURIAL, CREMATION, OR REMOVAL Ship Store	Manner of injury
Place Caloumille Ma pare march 17,1933.	Nature of injury
19. UNDERTAKER Carner Colorumelle Wif	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 3/19 1923 All Registrar.	(Signed) Marshalls Blood M.D.  (Address) Caloumlle Med.
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting 7) S No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 Julyő,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:	

N. B.—WRITE PLAINLY, WIT NFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82·E)
County 10 alternor	Registration Dist. No.
Village or City Catonarla Opre	nge Trave Kospelal St. Ward
Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number)  2 ds How long in U.S. if of foreign birth? yrs
2. FULL NAME Ida Virginia Vo	Henry
(a) Residence: Np. 2201 Didney ave	St. Wateffort and
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	
(or) WIFE of Chas. Edward Vellers	22. I HEREBY CERTIFY, That I attended deceased from 1933, to March 5, 1933
6. DATE OF BIRTH (month, day, and year) Feb. 274/868	I last saw her alive on 92 5 , 19 3 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 5 Pm.
65 0 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEPER at SAWYER ROOKEPER AT SA	Ustoutunet
- On the state of	0.105
Q.   work was done as SILK MILL	Carbral Embolism 10 day
SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTIIPLACE (city or town) Waltwise	D. C.
(State or country)	Broncho mecemonia 2 day
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation. Date of
W 15. MAIDEN NAME OSTA anna Pro Re-	What test confirmed diagnosis?
15. MAIDEN NAME Shanna Gales  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Chrice Krieger (Address) West of Fred	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OBREMOVAL Place Pholy Gam A A Date March 8, 19.33	Manner of Injury
10 HADESTANES Beward C. Harle	24. Was disease or injury In any way related to occupation of deceased? He
19. UNDERTAKER (Address) 1000 8 Paca 87.	If so, specify 1084.
20. FILES / 1 1950 Lillardee	(Signed) Caforoullo by a M.D.
Registrar.	(Address)
If more blank are weeded southere-State Registrar	2411 N Charles Street Raltimore Requesting T. S. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mede of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	· ·	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
18 8 1	A		
Other contributory causes of importance:	13	Other contributory causes of importance:	
Gallstones	Duy 1,1923	Gastroentcritis	1 year
13			
			1

FOR

RVED

RGIN

MA

N. B

### BALTIMORE HEALTH DEPARTMENT-

10:	Spe	1-12-25-MK1-300 D88,	County
of standard		HEALTH DEPARTMENT	—CITY OF BALTIMORE
Sep.		all receipts and all the second	95-8
noon Doon		CERTIFICATE	E OF DEATH.
iter		1-PLACE OF DEATH Balling County	City Homitals)  REGISTERED No
. 00	0	o. p / 1. no P / 11	(If death occurred in a hospital or institu-
P P	Gri	OF BALTIMORE: (No. Daller	tion, give its NAME
SICIAN atement		2-FULL NAME Hard Vinkorki, or le	harly Smith instead of street and number.
D.		THOLE WANTE TO THE TOTAL TO A TOTAL TOTAL TO A TOTAL TO A TOTAL TOTAL TOTAL TO A TOTAL TOTA	- with built to 15 on 8
5		(a) RESIDENCE No. 6/4/ Roberta a	NE ST /2 - WARD BALLINING aunty
	1	(Usual place of abode)  engih of residence in city or town where death occurred yrs. mos.	(If non-resident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
24.2	=		MEDICAL CERTIFICATE OF DEATH
E E E	2 (1)	PERSONAL AND STATISTICAL PARTICULARS  4 COLOR OR RACE 5 Single, Married, Widowed,	all latt
ANSife	3 S	or Divorced, (write the word)	16 DATE OF DEATH (month, day, and year) // aksh 30 19
ANENT EXACT classified ss.	Male White Married		17 1 HEREBY CERTIFY, That I attended deceased from
2 2	5a If married, widowed, or divorced		. 19
PER I stated operly rtifica		HUSBAND of Market 7/ King V	
2007		11-4-1891	that I last saw halive on, 19
IS / be be pr	7 AGE Years Months Days If LESS than		and that death occurred, on the date stated above, at
y b	1 day,hrs.		The CAUSE OF DEATH* was as follows:
shoul may back		41 4 26 or min.	9 x 9 / x.
E s	8 OCCUPATION OF DECEASED		I Colly I bellised
			8/ Meart ( Sudden)
	1	particular kind of work. I latter in Jane 1 states	(duration) yrs. mos ds.
d. so ucti	-3	(b) General nature of industry, business, or establishment in	CONTRIBUTORY
VFADI upplied terms, instru	3.5	which employed (or employer)	(Secondary)
ter in		(c) Name of employer Bulhleheur all (a	18 Where was disease contracted
5000	9 F	BIRTHPLACE (city or town)	if not at place of death?
	(State or country) Toland		Did an operation precede death?
ant ant		10 NAME OF FATHER	Was there an autopsy?
Y Ca		X O d	What test continued diagnosis?
A TA	ENTS	II BIRTHPLACE OF FATHER (city or town)	(Signed) rederick to alm with
y DE	(State or country)		
PLA should OF D	PAR	12 MAIDEN NAME OF MOTHER MANAGEMENT	, 19 (Address) Hundally Intl
S		13 BIRTHPLACE OF MOTHER (city or town) Polased	*State the Disease Chusing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental.
OD SE		(State or country)	Suicidal, or Homicidal. (See reverse side for additional space.)
WRIT mation CAUSE TION	14	Informant Mary Van Korke	19 PLACE OF BURIAL, CREMATION OR RE-
PEOF		(Address) (0741) Algerta Gue	1 Sucrece see & mary 19/3
ri ri	15	all Charles	20 UNDERTAKER ADURYSS
17		2121/20) X//MOars	16 11 21 814 71/11/18 12 1

Registrar

# REVISED UNIT STATES STANDARD CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Asso.]

more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without amples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile nature of the business or industry, and therefore an additional line is provided for the latter state-For persons who have no occupation whatever, may be indicated thus: Farmer (retired, 6 yrs.). ning of illness. If retired from business, that fact DISEASE CAUSING DEATH, state occupation at beginhas been changed or given up on account of the ployed, as At school or At home. Care should be work, or At home, and children, not gainfully emnite salary only (not paid Housekeepers who receive a defiwho are engaged in the duties of the household ment; it should be used only when needed. As expecially industrial employments, it is necessary Stationary Fireman, etc. But in many cases, es-Architect, Locomotive Engineer, Civil Engineer, c. g., Farmer or Planter, Physician, Compositor, word or term on the first line will be sufficient, irrespective of age. For many occupations a single The question applies to each and every person, healthfulness of various pursuits can be write None. Servant, Cook, Housemuid, etc. If the occupation persons engaged in domestic scrvice for wages, as taken to report specifically the occupations of to know (a) the kind of work and also (b) the occupation is very important, so that the relative Statement of Occupation.—Precise statement of ) may be entered as Housewife, Houseknown.

Association.) the injury, as fracture of skull, and consequences o(e. g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on drowning; Struck by railway train-accident; has "Puerperal septicemia," "Puerperal peritoni (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæ-Revolver wound of head-homicide; Poisoned by earbolic acid-probably suicide. The nature of HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage. mittee on Nomenclature of the American Medical statement of cause of death approved by Comof injury and qualify as accidental, suicidal, "Weakness," ctc., when a definite disease can be was undertaken. For violent deaths state means itis," etc. State cause for which surgical operation mia," (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," easc causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (discough, Chronic valvular heart disease; Chronic ondary or intercurrent) interstitial nephritis, etc. for malignant "Cancer" is less finite; a ll use of "Tumor" lasms); Measles; Whooping affection need not be The contributory (scc. l use of "Tumor"

ADDITIONAL SPACE FOR FURTHER STATEMENTS
OF CECTOR OF THE STATEMENTS
OF CECTOR OF THE STATEMENTS
OF CECTOR OF THE STATEMENTS

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93.
County Ballerion.	Registration Dist. No. 444
Village or City Colgate	No. 101 Marth of roadst, Ward
Length of residence in city or town where death occurred yrsmo:	f death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds thow long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mrs Caryline	lage
(a) Residence: No	St., Ward. Wurdalf C 74
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH March (Day) (Year)
5a If married, widowed, or divorced HUSBAND of	
(or) WIFE of Chas Preger	22. I HEREBY CERTIFY. That I altended deceased from,
6. DATE OF BIRTH (month, day, and year)	I last saw her elive on Merch 11, 1933 doath is said!
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2,34,m
l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	al . Way It
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Carrier Mojoristales 1941.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) occupation	
IN DIRECTOR (Charles)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or lown)	
13. NAME Sout Know	
13. NAME SONT PERSON  14. BIRTHPLACE (city or town).	Nama of operation Zona Date of
A 14. BIRTHPLACE (city or town)   Service   State or country)   Service   Service	What test confirmed diagnosis? Clunical fulling was there an aulopsy? No.
15. MAIDEN NAME Sont Land	23. If death was due to external causes (VIOL ENCE) fill it also the following:
22	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17 INFORMANT Im Dara Krauner	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 101 Month of road	Specify white mighty constitute in the botter, in House, of the botter.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place mount arrived mar 17,1933	Nature of injury
19. UNDERTAKER John Cellrich	24. Was disease er injury in any way related to occupation of deceased?
(Address) 200 Fleasing of	If so, specify (Signed) M. P.
20. FILED. 3/11/ 1933 John S. Commelly Registrary	(Address) Essey mg.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Diampies.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	Way 1,1923	Other contributory causes of importance:  Gastrocnteritis	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

S Z

1. PLACE	OF DEATH	OF MAKILAND	- B
County	Talluna ?		Registration Dist. No.
Village or	r City Owner of residence in city or town where		No. St., Wa  f death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL N (a) Resid	dence: No. Office	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSO	NAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Max. 19 . 193 3 (Year)
	f	Days If LESS than 1 day,	1 HEREBY CERTIFY. Thet I attended deceesed from 1930, to 1930, to 1930; death is sto have occurred on the date steted ebove, at 1 a.m.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance
SAWY 9. Industry of work SAW I	(city or town) Ower	11. Total time (years) spent in this occupation	Date of one  2 Months foctus Muscaurung  Bther Contributory Causes of importence:
(State	ACE (city or town)	<u> </u>	Neme of operation Dete of What test confirmed diagnosis? Was there an autopsy?
	ACE (city or town)	Gulier mill	23. If death wes due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
18. BURIAL, CREM	MATION, DR REMOVAL		Menner of injury
Place		Dete, 19	Nature of injury.
19. UNDERTAKER (Address) 20. FILED	de /7,1933 0		24. Wes disease or injury in any way related to occupetion of deceesed?  If so, specify  (Signed)  M  (Address)  Augustus  Augustus  (Address)
20. FILED Man		Registrar.	(Signed) (Address) Caucha (La Yas, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND....CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Ses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GBAIROR	33
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH County 1 Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? \_mos. / PHYSICIAN (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month (Year) 5a. It married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from BINDI (or) WIFE of 1 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days to have occurred on the date stated above, at J 1 day ... The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_ min. were as follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. RESERVED OCCUPATIO may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc .... to, Date deceased last worked at this occupation (month and On 11. Total time (yeers) spent in this that occupation Com instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) > (State or country) supplied FATHER 13, NAME ( G 14. BIRTHPLACE (city or town Name of operation plain (Stale or country) carefully What test confirmed diagnosis?. Was there an aulopsy? MOTHER ant. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?..... Date of injury.... import 16. BIRTHPLACE (city or Jown) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Very 18. BURIAL, CREMATION, OR REMOVAL Manner of injury LION 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify (Signed) 20. FILED. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WIT. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1.	PLACE OF DEATH	900	
	County Salumon	Registration Dist. No.	
	Village or City Tikesville	No. 12 Walker Over War	d
	Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth?	s.
2.	FULL NAME Sting and a	the second	
	(a) Residence: No. 12 Walker Ove	- stylewood ville	
united tem	(Usual place of abode)	If nonresident give city or town and State	
3. SI	PERSONAL AND STATISTICAL PARTICULARS  4. COLOR OR RACE   5. SINGLE MARRIED WIDDWED.	MEDICAL CERTIFICATE OF DEATH	Branto .
3, 51	4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH ANCH 1 (Day) (Year)	-
5a. I	f married, widowed, or divorced HUSBAND of	(1001)	_
	(or) WIFE of reno ford I. Valla	1933 to Much 18 1933	>
6.0	ATE OF BIRTH (month, day and year) Aug 3 2 /853	139 31	
7. A		to have occurred on the date stated above, at	d
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
2	8. Trade, profession, or particular	Were as follows:	FE.
TION	kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	Cerebrul Embolism Felzi-	33
OCCUPA.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		-
000	10. Date deceased last worked at this occupation (month and year)		-
	B-H-C-	Other Contributory Causes of importance:	
12. E	(State or country)		7
8	13. NAME JOSEPH AV MIGHT.	( Sasar memoria 747/	33
FATHER	14. BIRTHPLACE (city or town) & Maryle	24004	_
FA	(State or country)	Name of operation	-
ER	15. MAIDEN NAME Pavannal JONE.	23. If death was due to external causes (VIOLENCE) fill in also the following:	2
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19	
X	(State or country)	Where did injury occur?	-
17. 1	NFORMANT Miss anet Watto. (Address) Watter ave	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. B	URIAL, CREMATION, OB REMOVAL	Manner of injury	-
	Place Unuel July Coate Jar 16 7,923	Nature of injury	-
19. U	NDERTAKER / Stram / 1975 1	24. Was disease or Injury in any way related to occupation of deceased?	-
	(Address) 2347 Charles	If so, specify	-
20. F	HED Meh 14 , 1933 & E Michael Registrar.	(Signed) 6 Auchals M. I	D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example I Example II

	- I		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUTHOR W. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1933	Gastroenteritis	1 year

LAINLY, WITK-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ild be carefully supplied. AGE should be stated ENACTLY. PHYSTCHANS should state	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
RM	N	clas	
PE	9	rly	cate
IS A	state	prope	v important. See instructions on back of certificate.
HIS	be	pe	of o
	plno	may	back
HNI	Sh	it it	On
SN	AGE	tha	ions
ADI	· p	5, 56	ruct
NF	pplie	erm	inst
1	ns /	in t	See
WIT	fully	n pla	nt.
Y,	care	H ii	ortai
INL	be	EVI	impe
LA	pl	D	2

1. P	LACE OF D	EATH		46	11
	County_Ba	l'timore.		Registration Dist. No.	7
	Village or City_3		r F	ND. St., If death occurred in a horpital or institution, give its NAME instead of street and	
		in city or town where d	10 9.0 1	os. 43 ds. How tong in U.S. if of foreign birth? yrs.	mos d
	ULL NAME	you	epile North		
	(a) Residence: N	10.	(Usual place of abode)	St., Ward.  If nonresident give city or town a	nd State
	PERSONAL	AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	m 4.0	COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH  March  (Month)  (Day)	, 193 J. J. (Year)
HL	parried, widowed, or ISBAND of r) WIFE of John	1 179	udie Kartmiller	22. I HEREBY CERTIFY, That I attended	d deceased fro
6 DATI	E OF BIRTH (mont	h day and year)	01. 11 1855	t last sew ham alive on Male 10 1933	
7. AGE	Yeers	Months	Deys / If LESS than	to have occurred on the date stated above, at 2 A. m.	
	77	2	25 day,hr	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of onse
~ ~ ~	SAWYER, BOO	ione, as SPINNER, KKEEPER, etc	Farmer	Chronic infective cystitis	\$
PAT	Industry or busin work was don SAW MILL, BA	ess in which e, as SILK MILL.		Caramonas of Liver and	8
	Date deceased last this occupation year)	t worked at (month end	11. Total time (years) spant in this occupation 40 4	descending Color.	A.
12. BIR	TIIPLACE (city or (State or country)	mail	and-	Other Contributory Causes of importance:	
œ   13.	NAME 7/	atom Me	Tomilles	acidoses by starvation	
E	BIRTHPLACE (city	or town)		Name of operation	
L	(State or coun	try) Se	rmany	What test confirmed diagnosis? Was there a	n eulopsy?
I	MAIDEN NAME	mary 1	miller	23. If death was due to external causes (VIOL ENCE) fill in also the follow	ing:
-	BIRTHPLACE (cit) (State or cour		rmany	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INF	ORMANT	usuda ;	Westmiller	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tale) PLACE.
18. BUF	Place MOS 3	or REMOVAL	Date Mich. 13, 19.3.	Menner of Injury	
19. UNI	DERTAKER DE	lw. C. Jips	ton	24. Was disease or injury in any way related to occupation of deceased?  If so, specity	
20. FiL	ED Miche 11	19	6. Fromthe M. D. Registrar.	(Signed) Cyril E. Frontle  (Address) Lepheras md.	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find ont the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arleriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINLY, WIT

1. PLACE OF DEATH	OF MARYLAND—	93-D	058
County Dak	Remore	Registration Dist. No. 3	8
Village or City	owson (1)	ND. 2 May land Wit.  [death occurred in a hospital occinativation, give its NAME instead of street and	Ward
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Anna (a) Residence: No. 15 m	and land ave	St., Ward.	
PERSONAL AND STATIS	<u> </u>	If nonresident give city or town at	id State
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (runite the word)	21. DATE OF DEATH arsh 13 15	103
Sa. It married, widowed, or diverced	Midow.	(Month) (Day)	(Yaar)
HUSBAND of Or) WIFE of	A B Wegsels	22. LIHEREBY CERTIFY, That I attended	d daceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days   It LESS than	to have occurred on the date stated above, at 2 - 1933	; death is sald
8. Trade, profession, or particular	2.3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:	Date of onset
SAWYER, BDOKKEEPER, atc	/orl	Myocardial Leconsensation	4 24154
SAW MILL, BANK, etc	11. Totat tima (yaars) spent In this occupation		
12. 8IRTHPLACE (city or town) (State or country)	Perma-	Other Contributory Causes of importance:  Arthree Felipsais	
13. NAME DETE	- Hispel	Willia recussis	elef
14. BIRTHPLACE (city or town)	Mamond	Name of operation Date of	
(State of country)	918	What test confirmed diagnosis? Was thera an	autopsy?_44
15. MAIDEN NAME NOTA	- July sang	23. It death was due to external causes (VIOLENCE) fill in also the foltowing	ng:
16. BIRTHPLACE (city or town)	erma del	Accident, suicida, or homicide? Date of injury	, 19
17. INFORMANT 1. (Address) 2 m are	BN paperlo	Whare did injury occur?  (Specify city or town, county and St Specify whelhar injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL	4. Date Mar 15 5	Manner of Injury	
19. UNDERTAKER Sentials (Address) 222421	ANTE OF	Nature of injury	110
20. FILED M.ch. 14 1933	in P. Queles Def Registrar.	(Signed) All Land Color (Address) Association Color	M. D
If mor	e blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
BURRAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state 1. PLACE OF DEATH 1000 Jo should County Registration Dist. No. item (If death occurred in a h spital or institution, give its NAME instead of street and number) How tong In U.S. if of foreign birth? Length of residence in city or town where deeth occurred statement PHYSICIAN M. Koysi. CORD. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT (Month) (Day) BINDING classified 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of H certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Devs If LESS than proper to heve occurred on the dete stated above, et. FOR 1 dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. were-as follows 8. Trede, profession, or particular THIS OCCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc .... back 9. Industry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed lest worked at 11. Total time (years) 0.0 this occupation (month and spent in this that occupation. instructions ADING Other Contributory Causes of Importance. ARGIN 12. BtRTHPLACE (city or town (State or country) supplied terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis? Was there an autopsy?.... HER ant. 15. MAIDEN NAME in 23. If deeth was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur? ... should be DEA (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, 17. INFORMANT very OF (Address) 18. BURIAL CREMATION, OR REMOVAL Menner of Injury WRITE CAUSE mation LION Neture of injury 24. Was disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED Registrar. (Address) If more blankrare negded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

: death is said

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

# STATE OF MARYLAND-CERTIFICATE

OF	DEAL	H	- 1	0	02	6	1
				,			

1	. PLACE OF	DEATH			82-00	
	County	Baltimore	2		Registration Dist. No.	
	Village or City	Woodlawn	1		No Dogwood near Ridge Roads St., W	Vard
	Length of resider	nce in city or town where o	leath occurred Li		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. it of foreign birth?  yrs.  mos.	ds.
2	. FULL NAM	E.W.	Edward W	iderman		
	(a) Residence	: No. Dogwood	near Ridge	Roads	St., Ward.  If nonresident give city or town and State	
	PERSONA	L AND STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male 4	White	5. SINGLE, MARE OR DIVORCED Widov	(write the word)	21. DATE OF DEATH  March 21  (Month)  (Day)  198 3  (Yeer	
5e.	If married, widowed, HUSBAND ot (or) WIFE ot		. Widerman	1	July 1931 to free 2 ( 19	
6.	DATE OF BIRTH (mid	onth, day, and year) Maj	ch 6, 18	56	I lest saw h im elive on hech do 1932 death is	said
	AGE Years	Months -	Days 15	If LESS than I day, hrs. or rain,	to have occurred on the date stated above, at 9 · 30 Pm  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
NOCCUPATION 12.	9: Industry or bus work was do SAW MILL, 10. Date deceased this occupat yaar)	k done, as SPINNER, OCOKKEEPER, etc. siness in which one, as SILK MILL, BANK, etc. last worked at ion (mogth and October 1928	Self 11. Total tit span occu	ne (yeers) tin this pation 50 yrs ore County	Other Contributory Causes of, importance:  Other Contributory Causes of, importance:	33
E S	13. NAME	Saneul J.	Widerman	1		
FATHER	14. BIRTHPLACE (c.	lty or town).	Baltimore Maryla		Name of operation	Esq)
ER	15. MAIDEN NAME	Elinor H	Hissey		23. If death wes due to external causes (VIOL ENCE) till in also the following:	
MOTHER	16. BIRTHPLACE (ci	, 01 (01111/	more Cour	ity	Accident, suicide, or homicide?	
17.		R. Milburn	Widerman		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATIO	n, or removal Live Cemeter	Woate March	2419.33	Manner of injury	
19.	UNDERTAKER (Address) 1	DEPAL OOZ W. Balti	more St.		24. Was disaase or Injury in any way related to occupation of deceased?  If so, specify	
20.	FILED 2/23/	19 <sup>33</sup> M	1 . / Zuf	Sees Registrar.	(Signed) 4509 Liberty Heights Ave.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	D	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WIY UNFADI mation should be carefully supplied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(97)
Village or City Catonsville,	No. Of the Prome St., Ward
Length of residence in city or town where death occurred yrs 7 mos  2. FULL NAME Julius D. Hilberts  (a) Residence: (No. Syptems alle made)	death occurred in a Norpital of institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (prite the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH  Masch = 17 = ,1936 (Month) (Day) (Year)
(or) WIFE of late Dr. James Hilhelm.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1847 - 2 -8.	i last saw her alive on march la 19 42 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at \$13.04m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade protessing or particular	were as follows:
& Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Serile Dementio 21/45
this occupation (month and year)	
12. BIRTHPLACE (city or town) Horor & les, (State or country) Manyland	Other Contributory Causes of importance:
13. NAME Walter Dorsey	Million dell'Assis
14. BIRTHPLACE (city or town) Larroll Les.  (State or country) many larroll	Name of operation
15. MAIDEN NAME Islia ann for sy the	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) And Reco, (State or country) Mexicology	Accident, suicide, or homicide?
17. INFORMANT Mr. J. Ill, WE Lashmutt, (Address) Hos doine med-	(Specify city or lown, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Foundament H. Oate March - 70, 79 33	Manner of Injury  Nature of injury
19. UNDERTAKER 6. M. Haltz. (Address) Murfald, md,	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Marsh 17 , 1933 The archall B West Registrar.	(Signed) marshall B wast M.D. (Address) Catarinelle med
70 11 1 11 11 11	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

9	S	TATE O	F MAF	RYLAND-	CERTIFICATE OF DEATH	0.2
:	1. PLACE OF DEA	ГН			(42)	d
	County Balt	imore	***********		Registration Dist. No.	
	Village or City To	wson, Mar	yland.		No. Sheppard & Enoch Pratt Hospital	Ward
	Length of residence in ci	ty or town where d	leath occurred		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs m	
				Mary Loret		
	(a) Residence: No	921 She		ot., N. y.,	, Mashington, D.C. If nonresident give city or town and	f State
3,2303	PERSONAL AN	D STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Femal e	r or RACE white		RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH Larch (Month) (Day)	, 193. 3 (Year)
5a	. If married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. January 30 1932 to March 7,	deceased from
6.	DATE OF BIRTH (month, day	y, and year) AU	g. 24,	1875	Hast saw her aliva on March 7 19 3	3; death is said
7.	AGE Years	Months	Days	If LESS than I day,hrs,	to have occurred on the date stated above, at 2:18p. m.	
	57	6	13	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Daty af onset 3
NO	8. Trade, profession, or pa	as SPINNER.	Typis	st	Carcinoma of the ovaries with peneralized metastasis	- Jan-3
OCCUPATION	1D. Date deceased last wor	which SILK MILL, Go etc	vernmen	nt lerk	with gaiolalized medasvasis	
0	this occupation (mo	th and 931	Sp	ent in this cupation		
12	BIRTHPLACE (city or town) (State or country)	Fores Maryl	t Glen and		Dther Contributory Causes of importance: Intestinal obstruction	-
ER	13. NAME Lawren	ce wils	on			
FATH	14. BIRTHPLACE (city or to (State or country)	Per Ohi		· · · · · · · · · · · · · · · · · · ·	Nama of operation Date of What test confirmed diagnosis? Was there an	autonsv?
HER	15. MAIDEN NAME MA	ry Lore	tta Abi	bott	23. If death was due to external causes (VIDLENCE) fill in also the following	
MOTH	f6. BIRTHPLACE (city or to (Stata or country)	Penn Ohio	sville		Accidant, suicide, or homicide? Date of injury Where did Injury occur?	
17	INFORMANT Hosp:	ital Reco	rds		(Specify city or town, county and Sta Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	
f8	BURIAL, CREMATION, OR F		Date Ma	ish 7 ,1988	Manner of injury	
	UNDERTAKER 7. 7. 1. (Address) 15 3 2.	Ho Algo	Rech	the Registrar	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)	, M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

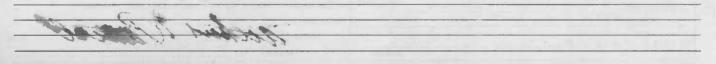
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



3

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 62673
1. PLACE OF DEATH	2,
County Balto	Registration Dist. No.
Village or City Kandolds	No. St., Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred D.O. yrs	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Walkerman wolf	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH)
Jamale (1/h ty OR D) VORCED (write the word)	Mel 2 193 3
5a. If married, widowed, or-divorced	(Month) (Oay) (Year)
HUSBAND-OL (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
(1.10 MA 18/2	J'al 2) -, 19 33, to Mal 2 , 19 33
6. OATE OF BIRTH (month, day, and year)	I lest saw has alive on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated ebove, at
	were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Toba plemona Til 25
kind of work done, as SPINNER, A Honel SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceesed last worked at this occupation (month and	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Dete decessed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stete or country) Jennasu	The state of the s
13. NAME harly Ehandst	The state of the s
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Concern & Landes there an autopsy? La
15. MAIDEN NAME (SETTATE MANUEL)	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) ANN MY MANN	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) I Count Tell Regulalistation	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, GREMATION OR REMOVAL	Manner of injury
Place State Canality one Man 6, 1933	Neture of injury
19. UNDERTAKER D. Wayhall	24. Was diseese or injury in any way related to occupetion of deceesed?
Address) 3139 Fall Room 11	If so, specify
20. FILEOLAND. 49 1938 M-n. Buffers	(Signed)
Registrar.	(Address) 4509 genuty Har an

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal eause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE 1	EOR	FURTHER	STATEMENTS	RV	PHYSICIA	NI
ADDITIONAL	STACE	PUR	PURIBER	STATEMENTS	DI	THISIUL	VI.

PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imnortant. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, WIT V. S. No. 1

S	TATE O	F MARYLAND-	CERTIFICATE	OF DEATH	62874
1. PLACE OF DEA	Ţ <b>H</b>		46)		2/
County_ Das	timose	D. M.	L PALL	Registration Dist. Po.	0/
Village or City	ockd	all Mandalles	remond. Hox	ida nd	St.,Ward
Length of residence in ci	ty or town where de			itution, give its NAME instead of street of foreign birth?	
2. FULL NAME A	estal	- Strommo	1/100000	/	mos us.
	101	To agriculture	Genger		
(a) Residence: No/	rsegre	(Usual place of abode)	St., Ward.	If nonresident give city or to	wn and State
PERSONAL AN	D STATISTIC	CAL PARTICULARS	MEDICAL (	CERTIFICATE OF DEA	
3. SEX	R OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	-Maral >	7 2
mall W	rule !	Wilower	Time-Summer	(Month) (Day)	(Year)
5a. If married, widowed, or divo	rced	110 21	22. A I HEREB	Y CERTIFY. That I at	theaded deceased from
(or) WIFE o	un.	Glager	January 27	, 1.33, to march	
6. DATE OF BIRTH (month, day	, and year) C	1.20,1854	last saw bear alive on	march 21	33; death is said
7. AGE Years	Months	Days If LESS than 1 day, hrs.	to have occurred on the date sta		
18	5	ormin.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of important	Date of onset
8. Trade, profession, or pa	as SPINNER, /	Sarler		DY.	1 mg
kind of work done, SAWYER, BODKKEE SAWYER, BODKKEE SAWMILL, BANK, e SAW MILL, BANK, e Long this recupation (mo	which	7 . 1	Caremore	a of dive	r/ must
work was done, as S SAW MILL, BANK, e	tc	wild 10 yrs.		·····/	******
- time occupation (mor	ked at ith and	11. Total time (years) spent in this			
year)	Bat	occupation	Other Contributory Causes of im	portance:	
12. BIRTHPLACE (city or town) (State or country)	reac	My ONE	0 . 0		
	11/100	(0)	Semili	tg	
E	n. ofta		7.0	J	
(State or country)	WII)	trunery	What test confirmed diagnosis?	00 000	ite of The
企 山 15. MAIDEN NAME	Buk	wown!		causes (VtDL ENCE) in also the 10	ere in autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or to	wn)			Date of injury	
∑ (State or country)	O Ver	many	Where did Injury occur?		
17. INFORMANT	aw of	D. Glorger	Specify whether injury occurred	(Specify city or town, county a in INDUSTRY, In HDME, or in PUB	and State) LtC PLACE,
(Address)	TILLE	1. Kockfalle			
18. BURIAL, CREMATION, OR R	A PA Var.	Date May 24 1933	Manner of Injury		
1171	Mala	2.0.0	Nature of Injury		7
19. UNDERTAKER / (Addiess)	STONE	and Com		way related to occupation of deceas	ed?
3/22/	33 m	h. A. Ib.T	(Signed)	ua H. //	agestina
20, FILED. / , 1	9	Registrar.	Modress) LO	oodlawn.	and.
	If more bl	anks are needed, address State Registrar,	2411 N. Charles Street, Baltimore. 1	Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at selvol or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL.	SPACE	EOB	RUBTHER	STATEMENTS	RV	DHYSICIA	N
MUDITIONAL	DIALLE	LOW	I UKIHEK	STATEMENTS	DI	THE STUDY	ALIN

Di Inkua Armacon & Woodlawn

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINLY, WI

V. S. No. 1

Length of rasidence in gity or fown where death occurred	1. PLACE OF DEATH	- MARTEAND	(§)	140.0
Village or City. Arbeitus  No. 124 Leeds & St. W  Length of rasidence in gifty or fown where death occurred yrs mos ds. Move Inc. in 10 to foreign hirthy yrs mos.  2. FULL NAME of and grant gran	County Breffingers		Registration Dist. No.	12
2. FULL NAME Class of Society of town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARNED, WIDOWED. OR DIYORCED (entire the word)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  11 LESS than 1 day, hrs. or, min.  8. Trada, protession, or particular kind of work done, as SPINNER, SWAYER, BOOKREPRE, etc.  9. Industry or business in which society or town)  Solid Date deceased last worked at the spent in this occupation (month and year)  12. BIRTHPLACE (city or town)  Gista or country)  13. NAME  14. BIRTHPLACE (city or town)  Cista or country)  Manuel  And	0 0 .	IA (H	No. 124 Leeds are St.	Ward
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED. OR DIVORCED Corrice the word)  So. If married, widowed, or divorced HUSBAND (Month)  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  11 LESS than 1 dey, hrs. of which was doing as SIK MILL, SAW MILL, BANK, etc.  9. Industry or business in which SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town). Carbother (State or country)  Mark Danald R Young  13. NAME Danald R Young  14. BIRTHPLACE (city or town). Baltanusk  (State or country)  Mark Danald R Young  15. Industry and Desire of the date state of a poperation.  What lest confirmed diagnosis? Was there an autopsy?  28. It as tawn h. Luc viewe on the date stated above, at 2 pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance with a softlows:  When the contributory Causes of importance:  12. BIRTHPLACE (city or town). Carbother (State or country)  Mark Danald R Young  13. NAME Danald R Young  14. BIRTHPLACE (city or town). Carbother (State or country)  Mark Danald R Young  15. Maiden NAME Young (Specily city or town, county and State)  Specily whether injury occurred in INDUSTRY, in HOME, or in Public Place.	Length ot rasidence in city or town where d	death occurred yrs, mos	ds. How long in U. S. if ot foreign hirth? yrs	mos. ds.
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIYORCEO (write the world)  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (	, - B	seds ave	St., Ward.	nd State
Sa. II married, widowed, or divorced HUSBAND of (or) WIFE	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
HUSBAND of (or) WIFE of  5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  It LESS than I dey, hrs. or min.  8. Trada, protession, or particular kind of work done, as SPINNER, SAWER, BOOKEEPER, etc.  9. Industry or business in which work was done, es SPINNER, SAWER, BOOKEEPER, etc.  9. Industry or business in which work was done, es SPINNER, SAWER, BOOKEEPER, etc.  9. Industry or business in which work and one, es SPINNER, SAWER, BOOKEEPER, etc.  9. Industry or business in which work dat this occupation (month and year)  (Stata or country)  12. BIRTHPLACE (city or town)  (Stata or country)  Manuel  13. NAME  Danald  R Young  14. BIRTHPLACE (city or town)  Baltimus  Hobba  15. MAIDEN NAME  Manuel  16. BIRTHPLACE (city or town)  Carroll  Ca	3. SEX 4. COLOR OR RACE	OR DIYORCED (write the word)	4 / 14	, 193 <i>33</i>
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  It LESS than 1 dey, hrs. or. min.  8. Trada, protession, or particular kind of work done, as SPINNER, SAVYER, BOOKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 11. Totel time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town).  Gista or country)  Manyland  Name of operation.  Name of operation.  Date of  What test confirmed diagnosis?  Was there an aulopsy?  23. If death was due to external causas (VIOLENCE) fill in also the tollowing:  (Stata or country)  What test confirmed diagnosis?  Was there an aulopsy?  24. BIRTHPLACE (city or town).  Carroll C. 2nd  Name of operation.  Date of  What test confirmed diagnosis?  Was there an aulopsy?  24. If death was due to external causas (VIOLENCE) fill in also the tollowing:  (Stata or country)  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	5a. If married, widowed, or divorced HUSBAND of		22 LUEDERY CERTIEV That Labords	d danaged 600m
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  It LESS than 1 dey, hrs. or min.  8. Trada, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  (Stata or country)  Maryfland  13. NAME  Dayald  R Young  14. BIRTHPLACE (city or town)  (State or country)  Maryfland  Name of operation.  Date of with was done as SILK Mill (State or country)  Name of operation.  Date of what lest confirmed diagnosis?  Was there an autopsy?  23. If death was dua to external causas (VIOLENCE) fill in also the tollowing:  Accident, suicide, or homicide?  Date of injury occur?  (Specify city or town, country and State)  Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	(or) WIFE ot			
7. AGE Years Months Days ILLESS than 1 dey, hrs. or min.  8. Trada, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which were as follows:  Other Coatributery Causes of importance:  Other Coatributery Causes of importance were as follows:  Other Coatributery Causes of impo	C DATE OF BIRTH (month day and year)	the Para		
8. Trada, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (Stata or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANTAL Sanal R  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		Days It LESS than	5 40 -	, 00011110 0010
8. Trada, protession, or particular kind ot work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Totel time (years) spent in this occupation (State or country)  12. BIRTHPLACE (city or town) Arbettus (State or country)  13. NAME Darald R Young  14. BIRTHPLACE (city or town) Balturul  15. MAIDEN NAME Minimum & Horbert Was due to external causas (VIOL ENCE) fill in also the tollowing:  16. BIRTHPLACE (city or town) Carroll C 2nd Accident, suicide, or homicide? Date ot injury 19.  (State or country)  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	~		The PRINCIPAL CAUSE OF DEATH and related causes of importance	
SAWYER, BOOKKEPPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  (Stata or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME Darald R Young  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Finnis & Hobba  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANTALA Sanald R Young  18. Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	8. Trada, protession, or particular		wera as follows:	Oate ot onset
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		or or of the control of	
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	9. Industry or business In which			
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc.			
13. NAME Donald R Young  14. BIRTHPLACE (city or town) Baltimuse Name of operation Date ot (State or country)  15. MAIDEN NAME Mornie & Hobbs 23. If death was due to external causas (VIOLENCE) fill in also the tollowing:  16. BIRTHPLACE (city or town) Carroll C 2nd (State or country)  17. INFORMANTA 2 Sonald R Young Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		spent in this		
(Stata or country)    Maryland   Linkuaum	12 RIPTUPI ACE (city or town) Carbon	tus	Other Contributory Causes ot importance:	
13. NAME Small R Young  14. BIRTHPLACE (city or town) Baltimak (State or country) Ind  15. MAIDEN NAME Francis & Hobbs  16. BIRTHPLACE (city or town) Carroll C Ind (State or country)  17. INFORMANTA Small R Young  18. MAME Small R Young  Name of operation What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causas (VIOLENCE) fill in also the tollowing: Accident, suicide, or homicide? Date of injury, 19 (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	In Division Date ( only of town) Contraction	4	MIKLAND	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME from Strong Strong Strong State or country)  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causas (VIOLENCE) fill in also the tollowing:  Accident, suicide, or homicide? Date of injury 19.  (State or country)  Where did injury occur?  (Specify city or town, county and State)  To INFORMANT And State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	W 13. NAME Donald R	Woung		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME (State or country)  16. BIRTHPLACE (city or town) Carroll C 2nd (State or country)  Where did injury occur?  (Specify city or town, country and State)  17. INFORMANT A 2 Small R Young  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causas (VIOLENCE) fill in also the tollowing:  Accident, suicide, or homicide? Date of injury 19.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	I IA PIDTUDI ACE (city or town) Box	of many	Name of operation	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Carroll C 2nd  (State or country)  17. INFORMANT 42 Danald R Form 9  18. MAIDEN NAME 16. BIRTHPLACE (city or town) Carroll C 2nd  (Specify city or town, county and State)  Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	(State or country)	Ind		autoney?
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANTA2 Donald R Young  Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	W 15. MAIDEN NAME LA	\$ 406bs		
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT 42 Donald R Young Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	T S DIDTUDI ACT (STATE OF ACTION) CGSA	off C- and		
(Specify city or town, county and State)  17. INFORMANT 42 Donald R Form 9 Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	(Stata or country)			
(MUUICOS) 1 L 4 LLLOA UVI	17. INFORMANT 1/2 Sonald 1 (Address) 124 Leeds	? Young	(Specify city or town, county and St	
18. BURIAL, CREMATION, OR REMOVAL  Place FIX Clivet Date Man 20, 19.33.  Nature of injury.	18. BURIAL, CREMATION, OR REMOVAL	Date Mar 20 , 1933		
19. UNDERTAKER John + Benny 24. Was disease or injury in any way related to occupation of deceased?  (Address) 715 Lich 54 If so, specify		my 5x		
20. FILED MCl 20, 1933 De forfue fla (Signed) (Address) 506 Hauafes at.	20. FILED MCL 20, 1933 Se	for Keeffer.	(Signed) Sob Hauafes	at . M. D

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes s follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	Vok 3 Tree	I week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	GHARAGE	3 days ago
Other contributory causes of importance:		Other contributors of		
Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis		1 year